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Jun 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000010778 (4)
1. Corporation Name
SOUTHEASTERN AFFILIATED TITLE AGENCY, INC.



Principal Place of Business
98 S.E. 6TH AVENUE
DELRAY BEACH FL 33483

Mailing Address
98 S.E. 6TH AVENUE
DELRAY BEACH FL 33483-5314

3. Date Incorporated or Qualified 01/26/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0670758		Applied For	
21 Suite, Apt. #, etc. 117 NE 5th Ave		26 Suite, Apt. #, etc. 117 NE 5th Ave				Not Applicable	
22 City & State Delray Bch		27 City & State Delray Bch FL		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33483		28 Zip 33483		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country USA		29 Country USA		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LASKEY, DAVID G
98 S.E. 6TH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name DAVID G Laskey
82 Street Address (P.O. Box Number is Not Acceptable)
83 117 NE 5th Ave
84 City Delray Beach FL 85 Zip Code 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LASKEY, DAVID G	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	98 S.E. 6TH AVENUE	1.2 NAME	
STREET ADDRESS	DELRAY BEACH FL 33483	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D LASKEY, JOHN A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	616 MAIDSON AVENUE	2.2 NAME	
STREET ADDRESS	TOLEDO OH 43604	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D LARocca, ELIZABETH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	% 98 S.E. 6TH AVENUE	3.2 NAME	
STREET ADDRESS	DELRAY BEACH FL 33483	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)