

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000024515 (4)

1. Corporation Name
CAPITAL TITLES, INC.



Principal Place of Business 2291 TAMiami TRAIL E NAPLES FL 33962	Mailing Address 2291 TAMiami TRAIL E NAPLES FL 34112-4705
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2. Principal Place of Business 21 2289 Tamiami Trail E		2a. Mailing Address 26 2289 Tamiami Trail E		3. Date Incorporated or Qualified 03/10/1996	3a. Date of Last Report
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0655602	Applied For Not Applicable
22 City & State Naples FL		27 City & State Naples FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 34112		28 Zip 34112		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country USA		29 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SAMS, THOMAS E 2291 TAMiami TRAIL E NAPLES FL 33962		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMS, THOMAS E	1.2 NAME	SAMS, THOMAS E
STREET ADDRESS	3891 11TH AVE	1.3 STREET ADDRESS	3891 11th Ave SW
CITY-ST-ZIP	NAPLES FL 33964	1.4 CITY-ST-ZIP	Naples, FL 34117
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, KENNETH M	2.2 NAME	EGAN, KENNETH M.
STREET ADDRESS	4755 LAKEWOOD BLVD	2.3 STREET ADDRESS	3891 11th Ave SW
CITY-ST-ZIP	NAPLES FL 33962	2.4 CITY-ST-ZIP	Naples FL 34117
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOEL E	3.2 NAME	BROWN, JOEL E
STREET ADDRESS	3891 11TH AVE SW	3.3 STREET ADDRESS	3891 11th Ave SW
CITY-ST-ZIP	NAPLES FL 33964	3.4 CITY-ST-ZIP	Naples FL 34117
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMS, LORRAINE M	4.2 NAME	Sams, Lorraine m
STREET ADDRESS	3891 11TH AVE SW	4.3 STREET ADDRESS	3891 11th Ave SW
CITY-ST-ZIP	NAPLES FL 33964	4.4 CITY-ST-ZIP	Naples FL 34117
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JANINE F	5.2 NAME	BROWN, JANINE F
STREET ADDRESS	3891 11TH AVE SW	5.3 STREET ADDRESS	3891 11th Ave SW
CITY-ST-ZIP	NAPLES FL 33964	5.4 CITY-ST-ZIP	Naples FL 34117
TITLE	<input type="checkbox"/> DELETE	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.

SIGNATURE: Thomas E Sams 3/31/97 (941) 775-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)