

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

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P96000058191 (3)**

1. Corporation Name  
**STERLING TITLE COMPANY**



Principal Place of Business  
**500 E KENNEDY BLVD STE 221 TAMPA FL 33602**  
*15310 Amberly Drive, Suite 300 Tampa, FL 33647*

Mailing Address  
**500 E KENNEDY BLVD STE 221 TAMPA FL 33602 4099**  
*same*

3. Date Incorporated or Qualified  
**07/11/1996**

3a. Date of Last Report

4. FEI Number  
**59-3388519**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. **15310 Amberly Dr**

22. Suite, Apt. #, etc.  
**Suite 300**

23. City & State  
**Tampa FL**

24. Zip  
**33647**

25. Country

2a. Mailing Address

26. **15310 Amberly Dr**

27. Suite, Apt. #, etc.  
**Suite 300**

28. City & State  
**Tampa FL**

29. Zip  
**33647**

30. Country

9. Name and Address of Current Registered Agent  
**PARIS, DEBORAH M**  
**500 E KENNEDY BLVD STE 221 TAMPA FL 33602**  
*15310 Amberly Dr. Ste 300 Tampa, FL 33647*

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code  
**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
**0**  
 NAME **PARIS, DEBORAH M**  
 STREET ADDRESS **15310 Amberly Dr**  
 CITY-ST-ZIP **500 E KENNEDY BLVD STE 221 Tampa FL 33647**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Deborah M. Paris* **DEBORAH M. PARIS** Date **4/26/97** Daytime Phone # **975-2900**

CR2E034 (9/96)