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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000067044 (3)

AAMERICAN TITLE CORP. OF CENTRAL FLA.

Suite Apt # etc Suite, Apt. #, etc.  22 City & State City & State City & State City & State Country Suite, Apt. #, etc.  25 Certificate of Status Desired Fee Required Fee Req	Principal Prace	of Business	Mailing Add	ress			i andindes ing ione Mistr Adris obist deini	t 10031004 110 10116 81111 800th 00th 00th 00th 00th 00th 00th 60th 010th 010th			
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2. Front part   According							j ·	3a. Dat	e of Last F	eport	
Substitute   Sub	2. Principal Pl	ace of Business	2a. Mailing A	Address				<u> </u>	A	optied For	
Substitute	21		26				59 -3385131		No	t Applicable	
27		# etc	Suite, Ap	ot. #, etc.				[7]	\$8.75	Additional	
28	22						5. Certificate of Status Desired	U	Fee Re	equired	
29   29   30   30   5   1   1   1   1   1   1   1   1   1	City & State	}	City & St	ate			6. Election Campaign Financing		\$5.00	May Be	
24 25 29 30 Florida Statutes	23		28				Trust Fund Contribution				
S. Name and Address of Current Registered Agent  ROTH, CHARLES B 822 CASSAT AVE. #9  JACKSONVILLE FL 32205  83 Series Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Fursiant to the provisions of Sections 607 0507 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In the foliate of Founda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the foliate of Founda Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In the foliate of Founda Such change and Foundation of Foundation	Zψ	Country	Zip		Country	,	8. This corporation has liability for i	ntangible t	ax under s	199.032,	
ROTH, CHARLES B 822 CASSAT AVE. #9  JACKSONNILE FL 32205  83 Series Address (P.C. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 City Code  86 City FL 85 Zip Code  87 City Code  88 City Code  88 City Code  88 City Code  88 City Code  89 City Code  80 City C	24	25	29	3	30		Florida Statutes	Yes 🗀	No		
B2 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Soctions (27 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice 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 for transfar with, und accept the obligations of, Section 607,050. Florida Statutes.  SCNATURI  12.		9. Name and Address of Curre	nt Registered Age	ent			10. Name and Address of New Re	listered A	gent		
11. Pursuant to the provisions of Section* 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered option of registered specific provisions of Section* 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered option of Section* 607 0505. Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered option of Section* 607 0505. Plorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered option of Section 607 0505. Plorida Statutes.  ScHATURI  12.	ROT	H, CHARLES B			81	Name					
JACKSONVILE FL 32205  83  84					82	Street A	ddress (P.O. Boy Number is Not Acceptab	la)		·	
Solid   Part	_				"	Olivern	daloss (1.0. box Hamber is Hot Acceptac	,		ļ	
1. Pursuant to the provisions of Section: 607 0502 and 602 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent to both in the State of Forida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent to roth in the State of Forida Statutes.  SIGNATURI  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. P	]	100111111111111111111111111111111111111			63	*****			•^		
1. Pursuant to the provisions of Section: 607 0502 and 602 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent to both in the State of Forida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent to roth in the State of Forida Statutes.  SIGNATURI  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. P						<u> </u>			· · · · · · · · · · · · · · · · · · ·		
1. Pressure to the provisions of Sections 607 050P and 607 1509. Florida Statutes, the above-named corporation submits his statement for the purpose of changing lits registered golder or register admits of the purpose of changing lits registered golder or register admits of the purpose of changing lits registered golder transfamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SEGNATURI  12.					84	City		FL	<b>85</b> Zip	Code	
12.	office or re agent. Far S:GNATURE	egistered agent, or both, in the Stat is familiar with, and accept the oblig	e of Fiorida, Such ogations of, Section	change was au 607.0505, Flor	ithorized by ida Statute:	the corpost.	oration's board of directors. I hereby accep	t the appo			
THE   P				(NOTE		ent signature n			DIDECTOR	NO IN 10	
NAME   STREET ADDRESS   622 CASSAT AVE. #9   1.3 STREET ADDRESS   1.4 CITY-ST-ZP		OFFICERS AI		Therete			ADDITIONS/CHANGES TO OFFIC	<del></del>			
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City - Si											
DELETE   DELETE   21 TITLE     Change   Addition	1					- 1					
NAME   STREET ADDRESS   22 NAME   522 CASSAT AVE. #9   23 STREET ADDRESS   2.4 CITY - 51 - 27P				1		T-ZIP					
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NAME   STREET ACCORDS   S2 CASSAT AVE.	CITY - ST - ZIP	JACKSONVILLE FL 32205			2. 4 CITY-	ST-ZIP					
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STREET ADDRESS   STRE	NAME				3.2 NAME						
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NAME	City-St ZiF	JACKSONVILLE FL 32205			3.4. CITY -	ST-ZIP					
A 3 STREET ADDRESS   A 4 CITY - ST - ZIP	FIFLE		L	DELETE	4.1 YITLE				Change	Addition	
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CITY ST-20 6.4 CITY - ST-2IP	1 1					ADDRESS				Ì	
	1										
18. FOUR DEPOY CENTS IN A TIP INDICASION SOUDIED WITH INSTAUD CORS FOR QUARTY TO THE EXPENDITION STREET IN SECTION 119 CLASSIC FINITES A TURBOL CONTY TO THE		iv certify that the information supplie	ed with this filing do	nes not qualify			aled in Section 119 (7/3)(i) Florida Statutes	further	certify that	the	

SIGNATURE:

SIGNATURE AND EVPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR REQUIRED

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 it 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 13 if changed or or an attachment with an address.

**FILED** 

Mar 18 1997 8:00am

Secretary of State