

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

FILED

**May 09 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE <i>Sandra B. Motha</i> Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000067412 (2)
1. Corporation Name
ALLIANCE TITLE OF AMERICA, INC.



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| Principal Place of Business 1206 MANATEE AVENUE WEST BRADENTON FL 34205 | Mailing Address 1206 MANATEE AVENUE WEST BRADENTON FL 34205-7518 |
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| 2. Principal Place of Business 21 2502 Rocky Point Dr. | 2a. Mailing Address 26 2502 Rocky Point Dr. | 3. Date Incorporated or Qualified 08/14/1996 | 3a. Date of Last Report N/A |
| Suite, Apt. #, etc. 22 Ste. 180 | Suite, Apt. #, etc. 27 Ste. 180 | 4. FEI Number 65-0685696 | Applied For <input type="checkbox"/> Not Applicable |
| City & State 23 Tampa, FL | City & State 28 Tampa, FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 33607 | Country 25 USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|---|--|--|
| 9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399 | | 10. Name and Address of New Registered Agent | |
| 81 Name Gary S. Carevich | 82 Street Address (P.O. Box Number is Not Acceptable) 2502 Rocky Point Dr. Suite# 180 | 83 | |
| 84 City Tampa | 85 Zip Code FL 33607 | | |

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: *Gary S. Carevich* DATE: **4-28-97**

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME CAREVICH, GARY | | 1.2 NAME Barry Flavin | |
| STREET ADDRESS 2987 WILDERNESS BOULEVARD, EAST | | 1.3 STREET ADDRESS 2502 Rocky Point Drive, Ste. 180 | |
| CITY-ST-ZIP PARRISH FL 34219 | | 1.4 CITY-ST-ZIP Tampa, FL 33607 | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME HENDRICKSON, ROBERT W III | | 2.2 NAME Kevin Thomas | |
| STREET ADDRESS 5907 FLOTILLA DRIVE | | 2.3 STREET ADDRESS 2502 Rocky Point Drive, Ste. 180 | |
| CITY-ST-ZIP HOLMES BEACH FL 34217 | | 2.4 CITY-ST-ZIP Tampa, FL 33607 | |
| TITLE D | <input type="checkbox"/> DELETE | 3.1 TITLE Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME MCKINLAY, RICHARD S | | 3.2 NAME J. Keith Arnold | |
| STREET ADDRESS 6410 GRIFFIN BOULEVARD | | 3.3 STREET ADDRESS 2502 Rocky Point Drive, Ste. 180 | |
| CITY-ST-ZIP FORT MYERS FL 33908 | | 3.4 CITY-ST-ZIP Bradenton, FL 33607 | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MONSON, G. DALE | | 4.2 NAME | |
| STREET ADDRESS 3010 WILDERNESS BOULEVARD, WEST | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP PARRISH FL 34219 | | 4.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RUFFINO, MICHAEL R | | 5.2 NAME | |
| STREET ADDRESS 11822 OAK RIDGE DRIVE | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP PARRISH FL 34219 | | 5.4 CITY-ST-ZIP | |
| 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: *Barry A. Flavin* **BARRY A. FLAVIN, PRESIDENT** 1/21/97 813-282-8556

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)