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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

911-992-4913

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000100442 (8)

BONITA SPRINGS TITLE COMPANY, INC.

Principal Place of Business Mailing Address									
12995 8. CLEVE FT. MYERS FL :	ELAND AVENUE. S 107 33907		12995 S. CLEVELAND AVENUE. S 107 FT. MYERS FL 33907-7736						
						3. Date Incorporated or Qualified 12/12/1996	3a. Date of Last	Report	
2. Principal Pl	ace of Business	2a. Mailing Ad	2a. Mailing Address			4. FEI Number	Applied For		
21		26				45-07/99/19	Not Applicable		
Suite, Apt. :	#, etc.	ļī	Suite, Apt. #, etc.			5. Certificate of Status Desired	1	Additional Required	
City & State		City & Sta	10		<del></del>			<del> </del>	
23	,	<del> </del> 1	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Zip Country			Zip Coun			This corporation has flability for intangible tax under			
24	25 29		¬ ' <del>[-</del> ¬ '			Florida Statutes Yes No			
	9, Name and Address of Curr					10. Name and Address of New Reg	Istered Agent		
MATI	AND, RUDOLPH K			81	Name	10.00			
	5 S. CLEVELAND AVENUE, S	107		82	Street Add	dress (P.O. Box Number is Not Acceptable	e/		
	AYERS FL 33907		Ĺ		Olicel Ad	Adices (F.O. Box realition is Not recopitable)			
				83					
				84	Cily		FL 85 Zi	Code	
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such ch	nange was autho	rized by	the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing I the appointment a	its registered as registered	
SIGNATURE									
	Signature, typed or printed name of registered				ant signature req	ulrad when reinstating)	DATE	3/36: INL 40	
12.	Beach I Jacobs	AND DIRECTORS	DELETE	13. 1.1 TITLE	<del></del> -	ADDITIONS/CHANGES TO OFFIC	Change		
NAME	Brenda A. Curra P.O. Bo+ auny Har	n	DECCTE.	1.2 NAME			C Onling	, FTI (10010:01)	
STREET ADDRESS	Do Box 2004 Har	rell Avenue	٤ ا		ADDRESS				
CITY-ST-ZIP	Bonita Springs	EL 3395		1.4 CITY- 5					
TITLE	DAILLY ANIES	, , ~ <u> </u>		21 TITLE	····		☐ Change	Addition	
NAME			] :	22 NAME	1				
STREET ADDRESS			1	2 3 STREET	ADDRESS				
CITY-ST-ZIP			<b>.</b>	2. 4 CITY-	ST-ZIP				
TITLE				3.1 TITLE			Change	Addition	
NAME				3.2 NAME					
STREET ADDRESS			:	3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-	ST-ZIP				
TITLE			DELETE	4.1 TITLE	[		☐ Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS	1		<b>.</b>	4.3 STREET	ADDRESS				
CITY-ST-ZIP		· <u></u>		4.4 CITY - S	ST-ZIP			- <del></del>	
TITLE		L		5.1 TITLE			L Change	Addition	
NAME				5.2 NAME	]				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				5.4 CITY - S	ST-ZIP			kalatir	
TITLE		اسا	•	6.1 TITLE			∟ Chang	e L_ Addition	
NAME				6.2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	ny certify that the information supp	alind with this tains do		the eye		ed in Section 119.07(3)(i), Florida Statutes	Lifurther certify th	at the	
informatio I am an of	in <b>indicated on this a</b> nnual report of	or supplemental annual or the receiver or true	al report is true a stee empowered	nd acc to exec	urate and th	ed in Section 113.07(5)(i), Florida Stander lat my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if made i	under oath; tha	