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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000003013 (4)

REPUBLIC TITLE & ESCROW, INC.

Principal Place of Business

Mailing Address

939 SEA ANCHOD DO

230 SEA ANCHOR DE

## **FILED** Mar 27 1998 8:00am Secretary of State



OSPREY FL	34229		OSPREY FL 34229							
							DO NOT WRITE	IN THIS SPACE		
							3. Date Incorporated or Qualified			
D-1	0		1				01/06/1997			
2. Principal 1751	Place of Business MOUND ST	REET	2a. Mailing Address 1751 MOUND STREET				4. FEI Number 59-3420119	<del></del>	Applied For	
Suite, Apt			Suite, Apt. #, etc.				33 3420113		Not Applicable	
22 201	. π, σιυ.		27 201				5. Certificate of Status Desired See Required Fee Required			
City & Star			City & State			-	6. Election Campaign Financing \$5.00 May Be			
23 SARASOTA, FL			28 SARASOTA, FL				Trust Fund Contribution Added to Fees			
Zip	$\vdash$	Country	Zip Country				8. This corporation owes or has paid the current year Intangible			
24 3423		USA	29 34236	30  USA			Personal Property Tax due June 30. Yes No			
	<del></del>	Address of Current	Hegistered Agent		B1 Ns		10. Name and Address of New Reg	istered Agent		
MARKL, JOHN						81 Name				
239 SEA ANCHOR DR					<b>82</b> St	eet Add	ress (P.O. Box Number is Not Acceptable	θ)		
OSPREY FL 34229					83					
				}	84 Cit			lee le		
						•		FL i i	D Code	
11. Pursuant	to the provisions of	of Sections 607.0502	and 607.1508, Florida Stat	utes, the ab	ove-nai	ned corr	poration submits this statement for the pu	rnose 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 & Hole & Merkel Mesedent 10178										
	Signature typed or prin	led name of registered agont			Agent sig	ature requi	ured when reinstating)	DATE	1	
12.	PRESIDENT	OFFICERS AND	DIRECTORS DELETE	13.	-	<del></del>	ADDITIONS/CHANGES TO OFFICE			
NAME	JOHN MAR		☐ DETEUE	1.1 1(1)				☐ Change	Addition	
STREET ADDRESS		ANCHOR DR		1.2 NA					Į,	
					EET ADDR	:SS			Įį.	
CITY-ST-ZIP TITLE	VICE PRES	FL 34229	DELETE	2.1 TIT	Y-ST-ZIP	$-\!\!\!\!+\!\!\!\!-$		☐ Change	Addition	
NAME				2.1 (III		1		□ cuanña	Mangon /	
STREET ADDRESS	JOHN YEOMANS 929 STEWART STREET				2.3 STREET ADDRESS					
CITY-ST-ZIP	ENGLEWOOD, FL 34223				2 4 City-St-Zip					
TITLE	- E1862FE886	UUU	Z-3 □ DELETE	3.1 TITE				Change	Addition	
NAME					AE					
STREET ADDRESS				1	 Eet addri	-SS				
CITY-ST-ZIP					Y-ST-ZIP				ļ	
TITLE			DELETE	4.1 TITE		$\top$		☐ Change	Addition	
NAME				4. 2 NA	ME			<u> </u>		
STREET ADDRESS				4.3 STR	EET ADDRI	SS				
CITY-ST-ZIP				4.4 CIT	r-ST-ZIP					
TITLE			DELETE	5.1 TITL	E			☐ Change	Addition	
NAME				5.2 NAN	1E			-		
STREET ADDRESS				5.3 STR	eet adore	ss				
CITY-ST-ZIP				5.4 CITY	-ST-ZIP					
TITLE			DELET <b>e</b>	6.1 TITL				☐ Change	☐ Addition	
NAME				6.2 NAN	(E	1				
STREET ADDRESS				6.3 STR	EET ADDRE	ss				
_CITY-ST-ZIP				6.4 CITY	-ST-ZIP					

14. I 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. JOHN MARKL

2/2/00 2400-162