

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000017911 (3)**

1. Corporation Name
SUNBURST TITLE INSURANCE COMPANY

Principal Place of Business 2848 UNIVERSITY DRIVE SUITE A CORAL SPRINGS FL 33065	Mailing Address 2848 UNIVERSITY DRIVE SUITE A CORAL SPRINGS FL 33065
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2858 University Drive Suite, Apt. #, etc 22 Suite B, Second Floor City & State 23 Coral Springs, FL Zip 24 33065		2a. Mailing Address 26 2858 University Drive Suite, Apt. #, etc 27 Suite B, Second Floor City & State 28 Coral Springs, FL Zip 29 33065		3. Date Incorporated or Qualified 02/26/1997		4. FEI Number 65-0743060		Applied For <input type="checkbox"/> Not Applicable	
25 Broward		30 Broward		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent WHITE, E. AUSTIN 2848 UNIVERSITY DRIVE SUITE A, SECOND FLOOR CORAL SPRINGS FL 33065				10. Name and Address of New Registered Agent 81 Name Michael R. Flam 82 Street Address (P.O. Box Number is Not Acceptable) 2858 University Drive 83 Suite B, Second Floor 84 City Coral Springs FL 85 Zip Code 33065			
---	--	--	--	---	--	--	--

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 *Michael R. Flam, President* DATE **4-15-98**
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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLAM, MICHAEL R			1.2 NAME			
STREET ADDRESS	2848 UNIVERSITY DRIVE, SUITE A, 2ND FLOOR			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065			1.4 CITY-ST-ZIP			
TITLE	VSD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Secretary + Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WHITE, E. AUSTIN			2.2 NAME	Michael R. Flam		
STREET ADDRESS	2848 UNIVERSITY DRIVE, SUITE A, 2ND FLOOR			2.3 STREET ADDRESS	2858 University Drive, Suite B, Second Floor		
CITY-ST-ZIP	CORAL SPRINGS FL 33065			2.4 CITY-ST-ZIP	Coral Springs, FL 33065		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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:

Michael R. Flam, President

4-15-98

954-757-1711

CR2E034 (10/97)