

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 14 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056729 (1)

1. Corporation Name

STERLING TITLE INSURANCE SERVICES, INC.



Principal Place of Business

5129 CASTELLO DR., STE. 3
NAPLES FL 34103

Mailing Address

5129 CASTELLO DR., STE. 3
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1997

4. FEI Number

59-3460682

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 5121 Castello Drive, Ste 1

Suite, Apt. #, etc.

22 Suite 1

City & State

23 Naples, Florida

Zip

24 34103

Country

25 USA

2a. Mailing Address

26 5121 Castello Dr., Ste. 1

Suite, Apt. #, etc.

27 Suite 1

City & State

28 Naples, Florida

Zip

29 34103

Country

30 USA

9. Name and Address of Current Registered Agent

PINTER, MICHAEL R
4328 CORPORATE SQUARE, STE. C
NAPLES FL 34104

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

800002665648--0

-10/16/98--01078--019

****750.00 ****750.00

84 City

FL

85 Zip Code

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

Signature, typed or printed name, of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/18/98

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME PINTER, MICHAEL R
STREET ADDRESS 5129 CASTELLO DR., STE. 3
CITY-STATE-ZIP NAPLES FL 34103

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-STATE-ZIP [] DELETE

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CITY-STATE-ZIP [] DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

D

PINTER, MICHAEL R.

5121 CASTELLO DRIVE, SUITE 1

NAPLES, FLORIDA 34103

[X] Change [] Addition

[] Change [] Addition

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[] Change [] Addition

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:

8/18/98 (941)643-1787

0096611

CR2E034 (5/98)