


**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).**

PROF <del>ite</del> ended**			FLORIDA DEPARTMENT OF STATE
CORPORATION			<b>Sandra B. Mortham</b>
ANNUAL REPORT			Secretary of State
1998			DIVISION OF CORPORATIONS
<hr/>			
DOCUMENT #		P97000073015	
1. Corporation Name			
*(amended)*			
FAULKNER TITLE CORPORATION			

**FILED**

98 NOV -2 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
320 W. Fletcher Ave., #110 Tampa, FL 33612	

DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified 8/20/1997			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	320 W. Fletcher Ave.	26	320 W. Fletcher Ave	59-3464894		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
22	Ste 110	27	Suite 110	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
23	Tampa, FL	28	Tampa, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip Country		Zip Country		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			
24	33612 US	29	33612 US				
25		30					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
GIORDANO, John N. 220 S. Franklin Street Tampa, FL 33602 US	81	Name		
	82	Street Address (P.O. Box Number is Not Acceptable)		
	83			
	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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Marcia Rendueles</b> <b>13109 Lilita Avenue</b> <b>Dover, FL 33527 US</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>Secretary</b> <b>Robin C. Hoover</b> <b>2909 W Hawthorne Rd</b> <b>Tampa, FL 33611</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>PRESIDENT/TREASURER</b> <b>Carolyn Faulkner</b> <b>901 Mizzenmast Lane</b> <b>Tampa, FL 33601 5751 US</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800002684448--2</b> <b>-11/10/98--01054--001</b> <b>*****65.00 *****65.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>B 11/4/98</b>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cal

Daytime Phone #

CR2E034 (5/98)