SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S30269** **(2)**

1. Corporation Name
INSURED ABSTRACTS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
301 3RD STREET N.W. SUITE 205 WINTER HAVEN FL 33881	301 3RD STREET N.W. SUITE 205 WINTER HAVEN FL 33881

3. Date Incorporated or Qualified: 02/07/1991
3a. Date of Last Report: 05/10/1995

	2. Principal Place of Business	2a. Mailing Address
21		26
Suite, Apt. #, etc	22 322 4th St NW	27 322 4th St NW
City & State	23 Winter Haven FL	28 Winter Haven, FL
Zip / Country	24 33881 / 25	29 33881 / 30

4. FEI Number: 59-3049158 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STATLER, ARLENE F
301 3RD STREET N.W.
SUITE 205
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

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 _____ DATE
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	DP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	STATLER, ARLENE F.		12 NAME	
STREET ADDRESS	938 VAN DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL		14 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, ALLEN R.		22 NAME	
STREET ADDRESS	1451 LAKE HOWARD DR. NW		23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		24 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	ANZALONE, DIANE M		32 NAME	
STREET ADDRESS	1035 W. LAKE CANNON DR.		33 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		34 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	STATLER, LANCE		42 NAME	
STREET ADDRESS	938 VAN DRIVE		43 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	300001930883 ☐ Change ☐ Addition
NAME			62 NAME	-08/23/96--01067--011
STREET ADDRESS			63 STREET ADDRESS	***375.00
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 8-23-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date