

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

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V48706** (8)
1. Corporation Name
SUNCREST TITLE, INC.

Principal Place of Business 500 N. MAITLAND AVE STE 101 MAITLAND FL 32751 US	Mailing Address 500 N. MAITLAND AVE STE 101 MAITLAND F 32751-4440 US
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2. Principal Place of Business 21 105 CONCORD DRIVE Suite, Apt. #, etc. 22 SUITE 101 City & State 23 CASSELBERRY, FL Zip 24 32707 Country 25 Seminole	2a. Mailing Address 26 105 CONCORD DRIVE Suite, Apt. #, etc. 27 SUITE 101 City & State 28 CASSELBERRY, FL Zip 29 32707 Country 30 Seminole	3. Date Incorporated or Qualified 07/08/1992	3a. Date of Last Report 02/14/1996
		4. FEI Number 59-3128625	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GEHR, CATHERINE S. 320 EVANSDALE ROAD LAKE MARY FL 32746	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
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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 CATHERINE S. GEHR, V.P. Catherine S. Gehr 4/2/97
Signature of officer 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	PD SANCHEZ, YVETTE C. 447 SPRING HOLLOW BLVD APOPKA FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD SANCHEZ, YVETTE C. 602 KENWICK CIRCLE #205 CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT GEHR, CATHERINE S. 320 EVANSDALE ROAD LAKE MARY FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEHR, CATHERINE S. 320 EVANSDALE ROAD LAKE MARY FL <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
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

14. I do 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: CATHERINE S. GEHR, V.P. CATHERINE S. GEHR 4/2/97 407-339-8300
Signature and typed or printed name of signing officer or director Date Daytime Phone #