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

PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J33419

(9)

TRANS-STATE TITLE INSURANCE CORPORATION

3050 Aventura Blyd., #300 North Miami Beach FL 33180	3050 AVENTURA BLVI	Principal Piace of Business Mailing Address			
	PORTE MISMI DENOT	D., #300 I FL 33180-3105			
			3. Date Incorporated or Qualified 09/16/1986	3a. Date of Last Report 01/29/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-2817034	Applied For	
Suite Apt. #, etu	26 Suite, Apt. #, etc.		9 20 17 03 4	Not Applicable	
2	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
3 Zip Country	28 Z _{(P}	Country	Trust Fund Contribution	Added to Fees	
25 25	29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔣 No	
· · · · · · · · · · · · · · · · · · ·	ss of Current Registered Agent		10. Name and Address of New Reg	gistered Agent	
BODZIN, GARY A.		81 Name			
3050 AVENTURA BLVD., #300 MIAMI FL 33180		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
***************************************		B3			
		B4 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code	
11 Pursuant to the provisions of Scotu	ons 607 0502 and 607 1508 Florida St	atutes the shove-named o	orporation submits this statement for the p	FL B Electric	
office or registered agent, or both,	in the State of Florida, Such change w	as authorized by the corpo	ration's board of directors. I hereby accep	it the appointment as registered	
	pt the obligations of, Section 607,0505	, Florida Statutes.			
SIGNATURE Signature Typed or perfect care :	of nigolered agent and Miritappicable	(NOTE: Registered Agent signature re	quired when re-instating)	DATE	
2. OF	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
RLE PSD	DELETE	1 1 TiTLE		Change Addition	
AME BODZIN, GARY A.		1.2 NAME			
treet address 3050 aventura b l	_VD #300	1.3 STREET ADDRESS			
ITY-ST-ZIP MIAMI FL		1.4 CITY - ST - ZIP			
ITLE V	DELETE	2 1 TITLE		Change Addition	
IAME HARLOS, CAROL R		2 2 NAME			
TREET ADDRESS 3050 AVENTURA BL	LVD #300	2.3 STREET ADDRESS			
ny-st-zip MIAMI FL		2. 4 CITY · ST - ZiP			
	DELETE	31 TITLE		Change Additio	
ITLE V		3 2 NAME			
BODZIN, MARTIN I					
IAME BODZIN, MARTIN I STREET ADDRESS 3050 AVENTURA BL	LVD #300	3 3 STREET ADDRESS			
BODZIN, MARTIN I 3050 AVENTURA BL	LVD #300	3.3 STREET ADDRESS 3.4. CITY+ST-ZIP			
BODZIN, MARTIN I 3050 AVENTURA BL MIAMI FL	LVD #300			Change Addition	
BODZIN, MARTIN I 3050 AVENTURA BL BITY: ST-Z:P MIAMI FL		3.4. CITY · ST - ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Additio	
BODZIN, MARTIN I 3050 AVENTURA BL MIAMI FL MILE MAME		3.4. CITY - ST - ZIP 4.1 THLE	***************************************	Change Addition	
BODZIN, MARTIN I 3050 AVENTURA BL MIAMI FL WILE MARE TREET ADDRESS		3.4. CITY - ST - ZIP (-4.1 THLE -4.2 NAME		☐ Change ☐ Additio	
BODZIN, MARTIN I 3050 AVENTURA BL MIAMI FL WILLE WARE WARTER ADDRESS WARTE		3.4. CITY - ST - ZIP 4.1 THTLE 4.2 NAM: 4.3 STREET ADDRESS		Change Additio	
BODZIN, MARTIN I 3050 AVENTURA BL DITY-ST-ZIP ITLE STREET ADDRESS STY-ST-ZIF ITLE	DELETE	3.4. CITY - ST - ZIP 4.1 THLE 4.2 NAM: 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		•	
BODZIN, MARTIN I 3050 AVENTURA BL BITY-ST-Z-P ITTE BAME TREET ADDRESS BITY-ST-ZIP ITTE BAME BAME BAME BAME BAME BAME BAME BAM	DELETE	3.4. CITY - ST - ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE			
BODZIN, MARTIN I 3050 AVENTURA BL MIAMI FL WILLE WILL WILLE WILL	DELETE	3.4. CITY - ST - ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME			
BODZIN, MARTIN I 3050 AVENTURA BL MIAMI FL ITLE IAME STREET ADDRESS DITY- \$1-2IP ITLE IAME STREET ADDRESS DITY- \$1-2IP ITLE IAME STREET ADDRESS DITY- \$1-2IP	DELETE	3.4. CITY - ST - ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS			
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VAME BODZIN, MARTIN I 3050 AVENTURA BL	☐ DELETE	3.4. CITY - ST - ZIP 4.1 THEE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 THEE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 THEE		Change Additio	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/97

93/-S Dayline Phone #

FILED

Jan 09 1997 8:00am

Secretary of State

rhone #

R2F034 (9/96)