FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000025642 (8)**

1. Corporation Name

WELLINGTON TITLE INSURANCE CORPORATION

Principal Place of Business	Mailing Address
12765 WEST FOREST HILL BLVD. STE. 1302 WELLINGTON FL 33414	12765 WEST FOREST HILL BLVD. STE. 1302 WELLINGTON FL 33414

3. Date Incorporated or Qualified: **04/02/1993**
3a. Date of Last Report: **04/07/1995**

4. FEI Number: **65-0274821** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 12773 W. Forest Hill Blvd	26 12773 W. Forest Hill Blvd
22 Suite, Apt. #, etc. Suite 1201	27 Suite, Apt. #, etc. Suite 1201
23 City & State Wellington, FL	28 City & State Wellington, FL
24 Zip 33414 25 Country USA	29 Zip 33414 30 Country USA

9. Name and Address of Current Registered Agent

KATHLEEN A. PAPARELLA
12765 WEST FOREST HILL BOULEVARD
SUITE 1302
23LLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name: Kathleen A. Paparella
82 Street Address (P.O. Box Number is Not Acceptable): 12773 W. Forest Hill Blvd
83 Suite 1201
84 City: Wellington FL 85 Zip Code: 33414

11. Pursuant to the provisions of Section 607.1602 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: Kathleen A. Paparella Kathleen A. Paparella 3/26/96
Signature of New Registered Agent — Printed Name of New Registered Agent — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	11 TITLE	PTD	☒ Change ☐ Addition
NAME	PAPARELLA, KATHLEEN A		12 NAME	Kathleen A. Paparella	
STREET ADDRESS	12765 WEST FOREST HILL BLVD. STE. 1302		13 STREET ADDRESS	12773 W. Forest Hill Blvd Suite 1201	
CITY-ST-ZIP	WELLINGTON FL 33414		14 CITY-ST-ZIP	Wellington, FL 33414	
TITLE	VSD	☐ DELETE	21 TITLE	VSD	☒ Change ☐ Addition
NAME	PAPARELLA, ANTHONY		22 NAME	~~Kathleen~~ Anthony Paparella	
STREET ADDRESS	12765 WEST FOREST HILL BLVD. STE. 1302		23 STREET ADDRESS	12773 W. Forest Hill Blvd Suite 1201	
CITY-ST-ZIP	WELLINGTON FL 33414		24 CITY-ST-ZIP	Wellington, FL 33414	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			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		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Kathleen A. Paparella Kathleen A. Paparella 3/26/96 4077907453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #