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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90025 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000051391

1. Corporation Name

TITLE INSURANCE POLICY SERVICES, INC.

Principal Place of Business

798 BELTED KINGFISHER DRIVE NORTH
PALM HARBOR FL 34683

Mailing Address

798 BELTED KINGFISHER DRIVE NORTH
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

59-3516690

Applied For

Not Applicable

5. Certificate of Status Desired ☐
\$8.75 Additional
Fee Required
6. Election Campaign Financing ☐
\$5.00 May Be
Added to Fees

 8. This corporation owes the current year Intangible
 Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

KATZMAN, LORI
798 BELTED KINGFISHER DRIVE NORTH
PALM HARBOR FL 34683

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

Lori Katzman
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

 TITLE **PVST** ☒ DELETE

 NAME **KATZMAN, LORI**
 STREET ADDRESS **798 BELTED KINGFISHER DRIVE NORTH**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

 TITLE **D** ☐ DELETE

 NAME **KATZMAN, LORI**
 STREET ADDRESS **798 BELTED KINGFISHER DRIVE NORTH**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

 TITLE **D** ☐ DELETE

 NAME **KATZMAN, STEVE**
 STREET ADDRESS **798 BELTED KINGFISHER DRIVE NORTH**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

 TITLE ☐ DELETE

 NAME
 STREET ADDRESS

CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME
 STREET ADDRESS

CITY-ST-ZIP

 TITLE ☐ DELETE

 NAME
 STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE **PVST** ☐ Change ☐ Addition

 1.2 NAME **Kendra McGraw**
 1.3 STREET ADDRESS **6436 Pennsylvania Ave Apt 8**
 1.4 CITY-ST-ZIP **New Port Richey FL 34653**

 2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

 3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

 4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

 5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

 6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Katherine Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99**789-5119**

CR2E034 (11/98)