

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 380700

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC5827519186**

**Entity Name:** PROFESSIONAL TITLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3067 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

3067 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308

**FEI Number:** 59-1366993

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PETERS, DENNIS F  
3067 E COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33308 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name PETERS, DENNIS F  
Address 3067 E COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33308

Title STD  
Name MAGER, MARTHA L  
Address 3067 E. COMMERCIAL BLVD.  
City-State-Zip: FT. LAUDERDALE FL 33308

Title VPD  
Name BABBITT, CATHARINE L  
Address 3067 E COMMERCIAL BLVD  
City-State-Zip: FT. LAUDERDALE FL 33308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARTHA L. MAGER

**SECRETARY/TREASURER** 01/22/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date