

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 12: 10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 578716 (3)

1. Corporation Name

NATIONAL TITLE ABSTRACT COMPANY

Principal Place of Business

**151 S.W. 27TH AVENUE
MIAMI FL 33135**

Mailing Address

**151 S.W. 27TH AVENUE
MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/10/1978** 3a. Date of Last Report **04/22/1994**

4. FEI Number **59-1833554** 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**RANDOL JR., W.L.
151 S.W. 27TH AVENUE
MIAMI FL 33135**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BEHRENS, H. E. J**
STREET ADDRESS **151 S.W. 27TH AVENUE**
CITY - ST - ZIP **MIAMI FL**

TITLE **DS**
NAME **MARCUS, ELIZABETH**
STREET ADDRESS **151 S.W. 27TH AVENUE**
CITY - ST - ZIP **MIAMI FL**

TITLE **T**
NAME **VERNON, ROLAND**
STREET ADDRESS **141 SW 27TH AVE.**
CITY - ST - ZIP **MIAMI FL**

TITLE **V**
NAME **MAHONEY, DOREEN**
STREET ADDRESS **151 S.W. 27TH AVENUE**
CITY - ST - ZIP **MIAMI FL**

TITLE **V**
NAME **WHEELER, MARVIN H.**
STREET ADDRESS **151 SW 27TH AVE**
CITY - ST - ZIP **MIAMI, FL 00000**

TITLE **V**
NAME **RAULERSON, BRUCE**
STREET ADDRESS **151 S W 27TH AVE**
CITY - ST - ZIP **MIAMI, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 110.07(3)(k), 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: *Vernon Roland Marcus*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 **305-642-6220**
Date Telephone #