SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **631218** **(5)**

1. Corporation Name
NORTH AMERICAN TITLE INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
11595 KELLY ROAD FT. MYERS FL 33908	11595 KELLY ROAD FT. MYERS FL 33908

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 07/30/1979
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-1938004 ☐ 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

9. Name and Address of Current Registered Agent

~~SPINELLI, VAL~~
~~1423 SE 18TH ST~~ 7961 Gladiolus Dr. #503
~~CAPE CORAL FL 33990~~ Ft Myers Fl 33908

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: Val Spinelli DATE: 6-13-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
				☒ Change	☐ Addition
TITLE	PD	☐ DELETE	1.1 TITLE		
NAME	SPINELLI, VAL		1.2 NAME		
STREET ADDRESS	~~1423 SE 18TH ST~~		1.3 STREET ADDRESS	7961 Gladiolus Dr. #503	
CITY-ST-ZIP	~~CAPE CORAL FL~~		1.4 CITY-ST-ZIP	Ft Myers Fl 33908	
TITLE	VSTD	☒ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	GARNER, TERESA		2.2 NAME		
STREET ADDRESS	7233 MAIDA LANE 4C		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	WILKINSON, WILLIAM		3.2 NAME		
STREET ADDRESS	2358 MORENO AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	SPINELLI, ROBERT J		4.2 NAME		
STREET ADDRESS	1423 SE 18TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME	HABIG, ANGELIQUE J		5.2 NAME		
STREET ADDRESS	2307 HUNTER ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		5.4 CITY-ST-ZIP		
TITLE	~~S/T~~	☐ DELETE	6.1 TITLE	S/T	☐ Change ☒ Addition
NAME	~~WILKINSON, BETSY L.~~		6.2 NAME	WILKINSON, BETSY L.	
STREET ADDRESS	~~2358 Moreno Ave~~		6.3 STREET ADDRESS	2358 Moreno Ave	
CITY-ST-ZIP	~~Ft Myers Fl 33901~~		6.4 CITY-ST-ZIP	Ft Myers Fl 33901	

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Val Spinelli 6-13-96 941-454-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P11000030 CR