## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 667036** 1. Corporation Name

INVESTORS TITLE CORPORATION

Principal Place of Business Mailing Address

## **FILED** Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90019 016 \*\*\*150.00



413 SOUTH MACDILL C/O SAMUEL E. FISH TAMPA FL 33609	L E. FISHMAN C/O SAMUEL E. FISHMAN			DO NOT WRITE I  3. Date Incorporated or Qualifed  04/17/1980	N THIS SPACE	
2. Principal Place of	Business	2a. Mailing Address			4. FEI Number 59-1995650	Applied For Not Applicable
Suite, Apt. #, etc.	to a gradual sub-	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 3	Country 30	У	This corporation owes the current y     Personal Property Tax.	year Intangible □ Yes □ No
9. 1	lame and Address of Current	Registered Agent		_	10. Name and Address of New Regis	stered Agent
FIGURAAN	CAMIELE		81	Name		
413 SOUT	Samuel e H Macdill avenue		82	Street Add	lress (P.O. Box Number is Not Acceptable)	
TAMPA FL	33609		83	3		
$\wedge$			84	City	<ul> <li>१ . ५३३ हेल्ट स्ट स्वेड्ड स्ट्रेड स्ट्रे</li></ul>	FI 85 Zip Code
11. Pursuant to the provisions of Sections 60/ 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 privided name of segistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).						
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE PD		☐ DELETE	1.1 TITLE		45 1865 A 164	☐ Change ☐ Addition
	MAN, SAMUEL E.		1.2 NAME			,
	S. MACDILL AVE. PA FL 33609.			TADDRESS		
TITLE I AMI	MIL 33609.	☐ DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP		Change
NAME	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		2.2 NAME		•	
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CITY-ST-ZIP			2. 4 CITY-5			
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CITY-ST-ZIP	<u> </u>		3.4. CITY-5	ST-ZIP		
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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 by 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 of flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**