65 **FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F37278** **(1)**

1. Corporation Name
UNIVERSAL TITLE INSURORS, INC.

Principal Place of Business
C/O MORRIS J WATSKY
700 NW 107 AVENUE
MIAMI FL 33172

Mailing Address
C/O MORRIS J WATSKY
700 NW 107 AVENUE
MIAMI FL 33172

3. Date Incorporated or Qualified: **06/04/1981**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-2114706** — 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**
WATSKY, MORRIS J
700 NW 107 AVENUE
MIAMI, FL
33172

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 — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	☐ DELETE	1.1 TITLE	D\C	☒ Change ☐ Addition
NAME	SAIONTZ, STEVEN J.		1.2 NAME		
STREET ADDRESS	700 NW 107TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	WATSKY, MORRIS J.		2.2 NAME	Modist Debra	
STREET ADDRESS	700 NW 107TH AVE		2.3 STREET ADDRESS	700 NW 107 Avenue	
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	DTVP	☐ DELETE	3.1 TITLE	D\V\T	☒ Change ☐ Addition
NAME	MUNOZ, JANICE		3.2 NAME		
STREET ADDRESS	700 NW 107TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D\P	☒ Change ☐ Addition
NAME	MCREYNOLDS, BEVERLY		4.2 NAME		
STREET ADDRESS	700 NW 107TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY-ST-ZIP		
TITLE	VPDA	☐ DELETE	5.1 TITLE	D\V	☒ Change ☐ Addition
NAME	KAMINSKY, NANCY'		5.2 NAME		
STREET ADDRESS	700 NW 107TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REED, LINDA		6.2 NAME		
STREET ADDRESS	700 NW 107TH AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

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)(h), 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: Debra Modist — 4/12/96 — (305) 227-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

CR2E034 (12/95)