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FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33172-3161

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
06/04/1981

3a. Date of Last Report
05/01/1996

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

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

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DC
SAIONTZ, STEVEN J.
700 NW 107TH AVE
MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
MODIST, DEBRA
700 NW 107TH AVE
MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVT
MUNOZ, JANICE
700 NW 107TH AVE
MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
MCREYNOLDS, BEVERLY
700 NW 107TH AVE
MIAMI, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
KAMINSKY, NANCY'
700 NW 107TH AVE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
REED, LINDA
700 NW 107TH AVE
MIAMI FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 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:

Sandra B. Mortham

Debra Modist 1-13-97 (305) 229-1040

CR2E034 (9/96)