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FILED

Mar 04 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 # G90991

(2)

1. Corporation Name

AMERISTAR TITLE INSURANCE AGENCY, INC.

Principal Place of Business

C/O JEFFREY N. MARKS  
2040 N.E. 163RD STREET  
MIAMI FL 33162

Mailing Address

C/O JEFFREY N. MARKS  
2040 N.E. 163RD STREET  
MIAMI FL 33162-4941

3. Date Incorporated or Qualified  
02/15/1984

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business

21 1990 N.E. 163rd Street

Suite, Apt. #, etc.

22 Suite 205

City & State

23 Miami, FL

Zip

24 33162

Country

25

2a. Mailing Address

26 1990 N.E. 163rd Street

Suite, Apt. #, etc.

27 Suite 205

City & State

28 Miami, FL

Zip

29 33162

Country

30

4. FEI Number

65-0028647

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

MARKS, JEFFREY N.  
2040 N.E. 163RD STREET  
MIAMI FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1990 N.E. 163rd Street

83

Suite 205

84

City  
Miami

FL

85

Zip Code  
33162

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 JEFFREY N. MARKS, PRESIDENT

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

2/27/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE OPS  
NAME MARKS, JEFFREY N.  
STREET ADDRESS 2040 NE 163 ST  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1990 N.E. 163rd Street - Suite 205

1.4 CITY-ST-ZIP Miami, FL 33162

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE OF PRINCIPAL PLACE OF BUSINESS OFFICER OR DIRECTOR

2/27/97

(305) 940-8652

Date

Daytime Phone #

CR2E034 (9/96)