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 # **G96885** **(0)**

1. Corporation Name

COLUMBIA TITLE OF THE FLORIDA KEYS, INC.

Principal Place of Business

% COLUMBIA TITLE OF FLORIDA, INC.
1826 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address

% COLUMBIA TITLE OF FLORIDA, INC.
1826 PONCE DE LEON BLVD
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **04/18/1984**

3a. Date of Last Report: **06/20/1995**

4. FEI Number: **59-2523777** ☐ 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

2. Principal Place of Business — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25

2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

9. Name and Address of Current Registered Agent

ZELL, GREGORY T., ESQ.
3231 MARY ST
MIAMI, 33133

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. Subject to any right to dissent under ss. 607.1302, the corporation's board of directors hereby authorized the appointment of the 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	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ZELL, GREGORY T., ESQ.		12 NAME	
STREET ADDRESS	3231 MARY ST		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, MARJORIE S.		22 NAME	
STREET ADDRESS	1826 PONCE DE LEON BLVD		23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and not required 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: _____ 4-2-96 305-944-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

MARJORIE S. SCHWARTZ

CR2E034 (12/95)