SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # G49517

1. Corporation Name
BENTLER TITLE INSURANCE CORP.

Principal Place of Business / Mailing Address
200 Hypoluxo Rd. Suite 100A
Hypoluxo FL 33462-4505

3. Date Incorporated or Qualified: 03/12/84	3a. Date of Last Report: 04/26/95
4. FEI Number: 59-2381125	☐ 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	2a. Mailing Address
21 200 Hypoluxo Rd	26 200 Hypoluxo Rd
Suite, Apt. #, etc: 22 100A	Suite, Apt. #, etc: 27 100A
City & State: 23 Hypoluxo FL	City & State: 28 Hypoluxo FL
Zip: 24 33462 Country: 25 USA	Zip: 29 33462 Country: 30 USA

9. Name and Address of Current Registered Agent

Bruce W. Parrish, Jr., Esq.
105 S Narcissus Av Suite 701
West Palm Beach FL 33401-5542

10. Name and Address of New Registered Agent

81 Name: Bruce W. Parrish, Jr., Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 105 S Narcissus Av Suite 701
83 Citizens Building
84 City: West Palm Beach FL 85 Zip Code: 33401

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 N/A
Signature, typed or printed name of registered agent, and title if applicable. Both Registered Agent signature required when item 9 is changed. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT Bruce G. Bentler 7186 Saddle Rd Lake Worth FL 33463-7623	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP — ☐ Change ☐ Addition

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CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce G. Bentler — 08/15/96 — 561/533-8717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Bruce G. Bentler, President