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

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # **H31063** **(1)**

1. Corporation Name

U.F.C. TITLE INSURANCE, INC.

Principal Place of Business

7777 GLADES RD. SUITE 410
BOCA RATON FL 33434

Mailing Address

7777 GLADES RD. SUITE 410
BOCA RATON FL 33434

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

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

3. Date Incorporated or Qualified: **11/21/1984**

3a. Date of Last Report: **03/16/1995**

4. FEI Number: **59-2469160** ☐ 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

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 Section 607.1501 or 617.1501, 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 resolution of its board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.325, Florida Statutes.

SIGNATURE (Required) (Date)

12. OFFICER AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	WIENER, ELLIOT M.	
STREET ADDRESS	7777 GLADES RD, #410	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	☐ DELETE
NAME	WEST, ALFRED G.	
STREET ADDRESS	7777 GLADES RD. #410	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VS	☒ DELETE
NAME	RAFOFSKY, HARVEY P.	
STREET ADDRESS	7777 GLADES RD. #410	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VT	☐ DELETE
NAME	HOYOS, JEFFERY	
STREET ADDRESS	7777 GLADES RD. #410	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		400001760194
STREET ADDRESS		-03/28/96--01004--015
CITY-ST-ZIP		****200.00 ****200.00
TITLE	DP	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVTS	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with the applicable requirements for the annual report set forth in Section 607.1501(2)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of this report or in an attachment with an address.

SIGNATURE: Jeffery Hoyos VP 3-1-96 482-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)