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Jan 14 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 # H99374 (1)  
1. Corporation Name  
GENERAL TITLE INSURANCE CORPORATION OF FLORIDA



Principal Place of Business  
4010 57TH AVENUE SOUTH  
SUITE #203  
GREEN ACRES FL 33463

Mailing Address  
4010 57TH AVENUE SOUTH  
SUITE #203  
GREEN ACRES FL 33463-4301

3. Date Incorporated or Qualified  
02/14/1986

3a. Date of Last Report  
06/10/1996

4. FEI Number  
59-2693539

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

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

9. Name and Address of Current Registered Agent

MCALONAN, FRANCIS R. JR.  
4010 57TH AVENUE SOUTH  
GREENACRES FL 33463

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MCALONAN, FRANCIS R. JR.	4010 57 AVE SO. #203	GREENACRES FL	<input type="checkbox"/>
VSD	CONWAY, PATRICIA	4020 57 AVE SO. #203	GREENACRES FL	<input type="checkbox"/>
D	MCALONAN, FRANCIS R. ES	4020 57 AVE SO #203	LAKE WORTH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
1.1	1.2	1.3	1.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis R. McAlonan, Jr. 1/8/97 561 433-5210

Daytime Phone #

CR2E034 (9/96)