

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
BRAIN OF CORPORATIONS

1996 3-20-96

B-2189-C

DOCUMENT # J32867

(0)

1. Corporation Name

PROVIDENCE TITLE INSURANCE CORP.



Principal Place of Business

8220 STATE ROAD 84 STE 302
DAVIE FL 33324

Mailing Address

8220 STATE ROAD 84 STE 302
DAVIE FL 33324

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KRACOFF, ELLEN K.
8220 STATE ROAD 84
SUITE 302
DAVIE FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/10/1986

3a. Date of Last Report

06/09/1995

4. FEI Number

59-2736009

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

10. Name and Address of New Registered Agent

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 of Registered Agent or other authorized officer or director

Signature of Registered Agent or other authorized officer or director

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PDV
NAME KRACOFF, ELLEN K.
STREET ADDRESS 5318 SW 86TH WAY
CITY-STATE-ZIP COOPER CITY FL

☐ DELETE

TITLE ST
NAME KRACOFF, ELLEN
STREET ADDRESS 5318 SE 86TH WAY
CITY-STATE-ZIP COOPER CITY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

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)(k), 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:

Ellen Kracoff
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

ELLEN KRACOFF

2/21/96

954-474-0101

CR2E034 (12/95)