## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris .

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J32867

PROVIDENCE TITLE INSURANCE CORP.

Principal Place of Business
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Mailing Address

## **FILED** Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90056 032 \*\*\*150.00



8220 STATE R DAVIE FL 3332	E ROAD 84 STE 3 13324	302				50						
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2. Principal F	Place of Business	2a. Mailing	Address				4. FEI Number				Applied	
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Suite, Apt	. #, etc.	Suite, /	Apt. #, etc.				5. Certifcate of	Status Desired			5 Addit Require	1
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_	9. Name and Address of Curre	nt Registered A	gent				10. Name and A	ddress of New	Registered	Agent ·		
WD.					81 Na	ime		•				
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11: Pursuant	to the provisions of Sections 607.050	02 and 607.1508	. Florida Statutes	the ab	ove-nan	ned corpo	pration submits this	statement for the	purpose o	f changing	its regis	tered
office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are security to the obligations of the ob	of Florida. Such ations of, Section	change was auti 607.0505, Florid	horized da Statut	by the d tes.	corporation	n's board of directo	rs. I hereby acce	pt the appo	intment as	registe	red
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	OLOTE: D			tura required			DATE			
	organization, typed or printed matrix or registered age											
12.	OFFICERS AN				Agent signa	nure required	when reinstating) . ADDITIONS/C	HANGES TO OF		ND DIREC	TORS I	N 12
12.		ND DIRECTORS		13.		Itale ledaner	ADDITIONS/C	HANGES TO OF				
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14. I 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, with all other like empowered.

CR2E034 (11/98)