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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 15 1996 8:00 am  
Secretary of State

DOCUMENT # J52107 (6)

1. Corporation Name

EASTERN NATIONAL TITLE INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

% KARL E. PREUSSE MICHAEL KENIE  
1800 SOUTH AUSTRALIAN AVE., SUITE 400  
WEST PALM BEACH FL 33409

% KARL E. PREUSSE MICHAEL KENIE  
1800 SOUTH AUSTRALIAN AVE., SUITE 400  
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified

01/15/1987

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

22-2774781

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

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANNOCK, G STEVEN  
1800 SOUTH AUSTRALIAN AVE.  
SUITE 400  
WEST PALM BEACH FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME HOVNANIAN, KEVORK S.

STREET ADDRESS 29 WARD AVE.

CITY-ST-ZIP RUMSON NJ

TITLE D ☐ DELETE

NAME HOVNANIAN, ARA K.

STREET ADDRESS 29 WARD AVE.

CITY-ST-ZIP RUMSON NJ

TITLE D ☐ DELETE

NAME MASON, TIMOTHY P.

STREET ADDRESS 22 DEVON DR.

CITY-ST-ZIP PISCATAWAY NJ

TITLE D ☐ DELETE

NAME REINHART, PETER S.

STREET ADDRESS 2 BAYHILL RD.

CITY-ST-ZIP LEONARDO NJ

TITLE D ☒ DELETE

NAME ASFAHL, PAUL W

STREET ADDRESS 1800 S. AUSTRALIAN AVE.

CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT

KENIE, MICHAEL

92 S. Main St.

WALL, NJ 07719

VICE PRESIDENT

BROWN, JAMES P.

7597 FLORIDA CIRCLE

MANASSAS, VA 22110

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl Reid Hotaling

3/12/96 407-478-0060

Date

Daytime Phone #

CR2E034 (12/95)