FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K32084 (1)

1. Corporation Name

TITLE & ABSTRACT AGENCY OF AMERICA, INC.

Principal Place of Business	Mailing Address
C/O SHARON LITT 6200 COURTNEY CAMPBELL CSWY TAMPA FL 33607 US	C/O SHARON LITT 6200 COURTNEY CAMPBELL CSWY TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1988
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21: 7077 Bonneval Rd
Suite, Apt. #, etc.
22: 600
City & State
23: Jacksonville FL
Zip
24: 32216
Country
25:

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

4. FEI Number: 74-2511247 ☐ 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

LITT, SHARON M
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 300
TAMPA FL 33607

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	KAYTON, DAVID	1.2 NAME		
STREET ADDRESS	2128 NORTH BAY RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D P	☒ Change ☐ Addition
NAME	SHAPIRO, GERALD M.	2.2 NAME	SHAPIRO, GERALD M	
STREET ADDRESS	1161-A LAKE COOK RD	2.3 STREET ADDRESS	4201 LAKE COOK RD	
CITY-ST-ZIP	DEERFIELD IL	2.4 CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KREISMAN, DAVID	3.2 NAME	KREISMAN, DAVID	
STREET ADDRESS	1161-A LAKE COOK RD	3.3 STREET ADDRESS	4201 LAKE COOK RD	
CITY-ST-ZIP	DEERFIELD IL	3.4 CITY-ST-ZIP	NORTHBROOK, IL 60062	
TITLE	VST	4.1 TITLE		☒ Change ☐ Addition
NAME	THUNHORST, WADE A.	4.2 NAME		
STREET ADDRESS	7322 S.W. FWY., #399	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	MCWILLIAMS, GEORGIA	5.2 NAME		
STREET ADDRESS	7322 SW FWY., #300	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	VP	☒ Change ☐ Addition
NAME		6.2 NAME	KIELY, HENRY	
STREET ADDRESS		6.3 STREET ADDRESS	4201 LAKE COOK RD	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NORTHBROOK, IL 60062	

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)(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: _____ 4/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0293161 CP