

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K32084 (1)

1. Corporation Name

TITLE & ABSTRACT AGENCY OF AMERICA, INC.



Principal Place of Business

Mailing Address

1077 BENNEVAL ROAD
SUITE 600
JACKSONVILLE FL 32216
US

C/O SHARON LITT
6200 COURTNEY CAMPBELL CSWY
TAMPA FL 33607
US

2. Principal Place of Business

2a. Mailing Address

21 7022 AC Skinner Parkway

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22 Suite 200

27

City & State

City & State

23 Jacksonville, FL

28

Zip

Country

Zip

Country

24 32256

25

USA

29

30

3. Date Incorporated or Qualified

08/31/1988

3a. Date of Last Report

05/01/1995

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. 199.03?
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME KAYTON, DAVID
STREET ADDRESS 2128 NORTH BAY RD.
CITY-ST-ZIP MIAMI BCH. FL

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Barry Fishman
1.3 STREET ADDRESS 20803 Biscayne Blvd.
1.4 CITY-ST-ZIP N. Miami Beach, FL 33180

TITLE DP ☒ DELETE
NAME SHAPIRO, GERALD M.
STREET ADDRESS 4201 LAKE COOK ROAD
CITY-ST-ZIP NORTHBROOK RI

2.1 TITLE Vice President & Director ☒ Change ☐ Addition
2.2 NAME Gerald M. Shapiro
2.3 STREET ADDRESS 4201 Lake Cook Road
2.4 CITY-ST-ZIP Northbrook, IL 60062

TITLE D ☒ DELETE
NAME KREISMAN, DAVID
STREET ADDRESS 4201 LAKE COOK ROAD
CITY-ST-ZIP NORTHBROOK IL

3.1 TITLE Secretary & Director ☒ Change ☐ Addition
3.2 NAME David S. Kreisman
3.3 STREET ADDRESS 4201 Lake Cook Road
3.4 CITY-ST-ZIP Northbrook, IL 60062

TITLE VST ☒ DELETE
NAME THUNHORST, WADE A.
STREET ADDRESS 7322 S.W. FWY., #399
CITY-ST-ZIP HOUSTON TX

4.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME Michael J. Kirsch
4.3 STREET ADDRESS 4201 Lake Cook Road
4.4 CITY-ST-ZIP Northbrook, IL 60062

TITLE V ☒ DELETE
NAME MCWILLIAMS, GEORGIA
STREET ADDRESS 7322 SW FWY., #300
CITY-ST-ZIP HOUSTON TX

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME KIELY, HENRY
STREET ADDRESS 4201 LAKE COOK RD.
CITY-ST-ZIP NORTHBROOK IL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address

SIGNATURE:

Michael J. Kirsch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Kirsch

Treasurer

7/3/96

(847) 291-9100

CR2E034 (3/96)