

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M28977** (0)

1. Corporation Name

CONCORDE TITLE INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

**20801 BISCAYNE BLVD #501
NORTH MIAMI BCH FL 33180**

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NORTH MIAMI BCH FL 33180**

3. Date Incorporated or Qualified

03/17/1986

3a. Date of Last Report

01/25/1995

4. FEI Number

59-2651002

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

2. Principal Place of Business

21 7700 N. Kendall Dr.

2a. Mailing Address

26 7700 N. Kendall Dr.

Suite, Apt. #, etc.

22 # 406

Suite, Apt. #, etc.

27 # 406

City & State

23 Miami, FL

City & State

28 Miami, FL 33156

Zip

24 33156

Country

25 USA

Zip

29 33156

Country

30 USA

9. Name and Address of Current Registered Agent

**LEOPOLD, NORMAN
20801 BISCAYNE BLVD
STE 501
NORTH MIAMI BCH FL 33180**

10. Name and Address of New Registered Agent

81 Name

Carol A. Robison

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

7700 North Kendall Dr.

83

Suite 406

84 City

Miami

FL

85 Zip Code

33156

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

Carol A. Robison

(NOTE: Registered Agent signature required when running)

4/10/96

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	LEOPOLD, NORMAN	
STREET ADDRESS	21300 NE 23RD CT.	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LEOPOLD, KAREN S.	
STREET ADDRESS	21300 NE 23RD CT.	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBISON, CAROL A.	
STREET ADDRESS	10425 S.W. 52ND TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**500001839875
-05/25/96--01002--023
***225.00**

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:

Carol A. Robison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 305-2793605

Date

Daytime Phone #

CR2E034 (12/95)