

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90019 037 ***150.00

DOCUMENT # M33736

1. Corporation Name
TITLE COMPANY OF THE SOUTH, INC.

Principal Place of Business

10800 BISCAYNE BLVD
STE 560
NO MIAMI FL 33161
US

Mailing Address

10800 BISCAYNE BLVD
STE 560
NORTH MIAMI FL 33161
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1986

4. FEI Number

59-2682619

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

paid

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SHAW, JULIE S.
12550 BISCAYNE BLVD
400
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

JULIE S. SHAW

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

10800 BISCAYNE BLVD

83

STE 560

84 City

NORTH MIAMI

FL

85 Zip Code
33161

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

JULIE S. SHAW, PRESIDENT

4-8-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME FEUER, JEFFREY M.
STREET ADDRESS P.O. BOX 831387 N/A
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE PS
NAME SHAW, JULIE S.
STREET ADDRESS 12550 BISCAYNE BLVD, SUITE 400
CITY-ST-ZIP NORTH MIAMI FL

☐ DELETE

TITLE VP
NAME KILLEN, PAT
STREET ADDRESS 10800 BISCAYNE BLVD STE900
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VP
NAME KILLEN, KAREN
STREET ADDRESS 10800 BISCAYNE BLVD STE 900
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

JULIE S. SHAW, PRESIDENT

4-8-99

305-895-1560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)