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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90044 025 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M51362

1. Corporation Name

UNITED TITLE AND ESCROW CORPORATION

Principal Place of Business

550 BILTMORE WAY
700
CORAL GABLES FL 33134
US

Mailing Address

550 BILTMORE WAY
700
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1987

4. FEI Number

58-1736068

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

POLLER, NEALE J.

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

550 BILTMORE WAY

83 SUITE 700

84 City

CORAL GABLES,

FL

85 Zip Code
33134

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

Neale J. Poller

DATE **4/22/99**

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

(NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **STUZIN, CHARLES B.**
STREET ADDRESS **500 BILTMORE WAY, SUITE 700**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PD** ☐ DELETE

NAME **CAMNER, ALFRED R.**
STREET ADDRESS **550 BILTMORE WAY, SUITE 700**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **STD** ☒ DELETE

NAME **FORD, EARLINE G.**
STREET ADDRESS **550 BILTMORE WAY, SUITE 700**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **V** ☒ DELETE

NAME **CAMNER, DANIELLE**
STREET ADDRESS **550 BILTMORE WAY #700**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **V** ☒ DELETE

NAME **CAMNER, ERRIN**
STREET ADDRESS **550 BILTMORE WAY #700**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **V** ☒ DELETE

NAME **CAMNER, LAUREN**
STREET ADDRESS **550 BILTMORE WAY #700**
CITY-ST-ZIP **CORAL GABLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☒ Addition

1.2 NAME **POLLER, NEALE J.**
1.3 STREET ADDRESS **550 BILTMORE WAY, SUITE 700**
1.4 CITY-ST-ZIP **CORAL GABLES, FL**

2.1 TITLE **ST** ☐ 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 a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Neale J. Poller, Vice President

DATE **4/22/99**

Date

Daytime Phone #

CR2E034 (11/98)