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FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000025642 (8)

1. Corporation Name

WELLINGTON TITLE INSURANCE CORPORATION



Principal Place of Business

12773 W FOREST HILL BLVD
SUITE 1201
WELLINGTON FL 33414
US

Mailing Address

12773 W FOREST HILL BLVD
SUITE 1201
WELLINGTON FL 33414
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1993

4. FEI Number

65-0400463

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1200 Corporate Center Way

Suite, Apt. #, etc.

22 Suite 201

City & State

23 Wellington, Florida

Zip

24 33414

Country USA

2a. Mailing Address

21 1200 Corporate Center Way

Suite, Apt. #, etc.

27 Suite 201

City & State

28 Wellington, Florida

Zip

29 33414

Country USA

30 Palm Beach

9. Name and Address of Current Registered Agent

KATHLEEN A. PAPARELLA
12773 W FOREST HILL BLVD
SUITE 1201
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

Kathleen A. Paparella

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

1200 Corporate Center Way

83

Suite 201

84 City

Wellington

FL

85 Zip Code
33414

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 607.0508, Florida Statutes.

SIGNATURE

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

Kathleen A. Paparella
(NOTE: Registered Agent signature required when reinstating)

3-25-98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
PAPARELLA, KATHLEEN A
12773 W FOREST HILL BLVD, SUITE 1201
WELLINGTON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
PAPARELLA, ANTHONY
12773 W FOREST HILL BLVD, SUITE 1201
WELLINGTON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

Kathleen A. Paparella
Kathleen A. Paparella 3-25-98/5/1/ 791-7455

CR2E034 (10/97)