

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90159 035 ***150.00

DOCUMENT # P93000025642

1. Corporation Name

WELLINGTON TITLE INSURANCE CORPORATION

Principal Place of Business

1200 CORPORATE CENTER WAY
STE 201
WELLINGTON FL 33414
US

Mailing Address

1200 CORPORATE CENTER WAY
STE 201
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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 12783 W. Forest Hill Blvd.

2a. Mailing Address

26 12783 W. Forest Hill Blvd.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

23 Wellington, Florida

City & State

28 Wellington, FL 33414

Zip

33414

Country

25 USA

Zip

33414

Country

30 USA

9. Name and Address of Current Registered Agent

KATHLEEN A. PAPARELLA
1200 CORPORATE CENTER WAY
STE 201
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

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

12783 W. Forest Hill Blvd.

83

Suite A

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 607.0505, Florida Statutes.

SIGNATURE

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 PTD ☐ DELETE

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

TITLE VSD ☐ DELETE

NAME PAPARELLA, ANTHONY
STREET ADDRESS 12773 W FOREST HILL BLVD, SUITE 1201
CITY-ST-ZIP 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

SAME

☒ Change ☐ Addition

1.2 NAME

SAME

1.3 STREET ADDRESS

12783 W. Forest Hill Blvd. Suite A
Wellington, FL 33414

1.4 CITY-ST-ZIP

2.1 TITLE

Same

☒ Change ☐ Addition

2.2 NAME

Same

2.3 STREET ADDRESS

12783 W. Forest Hill Blvd. Suite A
Wellington, FL 33414

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)