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FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000046398 (2)

1. Corporation Name

AG TITLE CORPORATION

Principal Place of Business

2601 S BAYSHORE DR  
9TH FLOOR  
MIAMI FL 33133-5461

Mailing Address

2601 S BAYSHORE DR  
9TH FLOOR  
MIAMI FL 33133-5412



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/20/1993

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0436800

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

9. Name and Address of Current Registered Agent

LANGLEY, MARCIA H  
2601 S BAYSHORE DR  
9TH FLOOR  
MIAMI FL 33133-5461

10. Name and Address of New Registered Agent

81 Name

JOEL K. GOLDMAN

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

2601 S. BAYSHORE DR.

83

9TH FLOOR

84 City

Miami

FL

85 Zip Code

33133

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.

JOEL K. GOLDMAN

(NOTE: Registered Agent signature required when reinstating)

4/11/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DPAS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FL	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K.	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARLETON, CALLIS N.	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VAS/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARLETON, CALLIS N	
1.3 STREET ADDRESS	2601 S. BAYSHORE DR	
1.4 CITY-ST-ZIP	MIAMI FL 33133	
2.1 TITLE	D/VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GOLDMAN, JOEL K	
2.3 STREET ADDRESS	2601 S. BAYSHORE DR	
2.4 CITY-ST-ZIP	MIAMI FL 33133	
3.1 TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LANGLEY, MARCIA	
3.3 STREET ADDRESS	2601 S. BAYSHORE DR	
3.4 CITY-ST-ZIP	MIAMI FL 33133	
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		

14. I do 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:

JOEL K. GOLDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JOEL K. GOLDMAN 4/11/97

Daytime Phone #

305-859-4071

0176205

CR2E034 (9/96)