

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000080584 (4)

1. Corporation Name

TITLE GROUP, INC.



Principal Place of Business

Mailing Address

801 LAUREL OAK DRIVE
SUITE 420
NAPLES FL 33963
US

P.O. BOX 8532
NAPLES FL 33941
US

2. Principal Place of Business

2a. Mailing Address

21 5129 CASTELLO DRIVE

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 2

27 City & State

City & State

City & State

23 NAPLES

28 City & State

Zip

Zip

24 FL

29 Country

Country

Country

25 33940

30 Country

Country

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/17/1993

3a. Date of Last Report

03/02/1995

4. FEI Number

65-0469013

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

10. Name and Address of New Registered Agent

SZEMPRUCH, DAVID J
801 LAUREL OAK DRIVE
SUITE 420
NAPLES FL 33963

81 Name

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

5129 CASTELLO DRIVE

SUITE 2

City

NAPLES

FL

85 Zip Code

33940

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 *Leonard L. Swirda*

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

(NOTE: Registered Agent signature required when re-constituting)

3-30-96

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME SWIRDA, LEONARD L
STREET ADDRESS 708 SHADOW LAKE LANE
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Leonard L. Swirda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-96

DATE

941-592-7887

OFFICE PHONE #

CR2E034 (12/95)