

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Worthington
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005832 (8)**

1. Corporation Name

OCEAN REEF TITLE INSURANCE, INC.

Principal Place of Business

**5301 NORTH FEDERAL HWY
SUITE 290
BOCA RATON FL 33487**

Mailing Address

**5301 NORTH FEDERAL HWY
SUITE 290
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip

Country

City & State

27

Zip

Country

4. FEI Number

65-0467465

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

**CALIENDO, SAM C
95 S. FEDERAL HWY.
SUITE 102
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

Sam C Caliendo

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

5301 N. Federal Hwy #290

83 City

Boca

84 State

FL

85 Zip Code

33487

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

Sam C Caliendo

Signature (typed for printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when resigning)

DATE

4-28-95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**Pres & Director
Sam C Caliendo
5301 N. Federal Hwy #290
Boca Raton, FL 33482**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered agent 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 no address.

SIGNATURE:

Sam C Caliendo

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4-28-94

DATE

407-998-5640

TELEPHONE #