

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 # 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~~

2. Principal Place of Business

21 5455 N. Federal Hwy

Suite, Apt. #, etc.

22 Suite K

City & State

23 Boca Raton, FL

Zip

24 33487

Country

25 Palm Beach

2a. Mailing Address

26 P.O. Box 116

Suite, Apt. #, etc.

27

City & State

28 Boca Raton, FL

Zip

29 33429

Country

30 Palm Beach

3. Date Incorporated or Qualified

01/14/1994

3a. Date of Last Report

05/01/1995

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

5301 N FEDERAL HWY

SUITE 290

BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

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

5455 N. Federal Hwy

Suite K.

84 City

FL

85 Zip Code

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

Sam C. Caliendo SAM C. CALIENDO

4-30-96

Signature typed or printed name of registered agent and his/her appointee.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CALIENDO, SAM C
STREET ADDRESS 5301 N FEDERAL HWY 290
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME CALIENDO, SAM C.
1.3 STREET ADDRESS 5455 N Federal Hwy, Suite K
1.4 CITY-ST-ZIP Boca Raton, FL 33487

☒ 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 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

Sam C. Caliendo, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-30-96 (407) 998-5640

CR2E034 (12/95)