

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037771 (0)

1. Corporation Name

TITLEAMERICA INSURANCE CORPORATION

Principal Place of Business

Mailing Address

700 N.W. 107 AVE.
SUITE 400
MIAMI FL 33172

700 N.W. 107 AVE.
SUITE 400
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/19/1994

4. FFI Number

65-0494060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

81 Name

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

83

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

(Signature: typed or printed name of registered agent and title of agent)

(Print Name: typed or printed name of registered agent and title of agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SAIONTZ, STEVEN J
STREET ADDRESS 9515 S.W. 60TH COURT
CITY ST ZIP MIAMI FL 33156

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE D
NAME REED, LINDA L
STREET ADDRESS 18605 S.W. 88TH RD.
CITY ST ZIP MIAMI FL 33157

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE D
NAME KAMINSKY, NANCY
STREET ADDRESS 7801 S.W. 146TH ST.
CITY ST ZIP MIAMI FL 33158

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE D
NAME PORTER, BEVERLY L M
STREET ADDRESS 7845 S.W. 178TH TERRACE
CITY ST ZIP MIAMI FL 33157

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☒ Change ☐ Addition

TITLE D
NAME REEDER, THOMAS M
STREET ADDRESS 8540 S.W. 151ST ST.
CITY ST ZIP MIAMI FL 33158

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☒ Addition

D AS, T / VP
Munoz, Janice
700 N.W. 107 Ave.
Miami, FL 33172

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)(k), 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 receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF FILING OFFICER OR DIRECTOR

Nancy Kaminsky

4-18-95

(305)

229-6400