920 **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 # **P94000037771 (0)**

1. Corporation Name

TITLEAMERICA INSURANCE CORPORATION

Principal Place of Business
700 N.W. 107 AVE.
SUITE 400
MIAMI FL 33172

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

3. Date Incorporated or Qualified: **05/19/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **65-0494060** — 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

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 of Registered Agent or Officer of Registered Agent Corporation — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SAIONTZ, STEVEN J	
STREET ADDRESS	9515 S.W. 60TH COURT	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	☐ DELETE
NAME	REED, LINDA L	
STREET ADDRESS	18605 S.W. 88TH RD.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	☐ DELETE
NAME	KAMINSKY, NANCY	
STREET ADDRESS	7801 S.W. 146TH ST.	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	V	☐ DELETE
NAME	MCREYNOLDS, BEVERLY	
STREET ADDRESS	700 N.W. 107 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	REEDER, THOMAS M	
STREET ADDRESS	8540 S.W. 151ST ST.	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	DAST	☐ DELETE
NAME	MUNOZ, JANICE	
STREET ADDRESS	700 NW 107TH AVE.	
CITY-ST-ZIP	MIAMI FL 33172	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C\D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D\S\V	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D\V	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D\P	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D\V\T	☒ Change ☐ 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 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: Janice Munoz — Janice Munoz — 4/12/96 — 305-229-6504 (Daytime Phone #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)