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

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

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

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	SAIONTZ, STEVEN J		1.2 NAME		
STREET ADDRESS	9515 S.W. 60TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D/S/V	☒ Change ☐ Addition
NAME	REED, LINDA L		2.2 NAME		
STREET ADDRESS	18605 S.W. 88TH RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D/V	☒ Change ☐ Addition
NAME	KAMINSKY, NANCY		3.2 NAME		
STREET ADDRESS	7801 S.W. 146TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCREYNOLDS, BEVERLY		4.2 NAME		
STREET ADDRESS	700 N.W. 107 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D/P	☒ Change ☐ Addition
NAME	REEDER, THOMAS M		5.2 NAME		
STREET ADDRESS	8540 S.W. 151ST ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33158		5.4 CITY-ST-ZIP		
TITLE	DAST	☐ DELETE	6.1 TITLE	D/V/T	☒ Change ☐ Addition
NAME	MUNOZ, JANICE		6.2 NAME		
STREET ADDRESS	700 NW 107TH AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		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)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)