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Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33172-3139

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

05/01/1996

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 CD  
 NAME SAJONTZ, STEVEN J  
 STREET ADDRESS 9515 S.W. 60TH COURT  
 CITY-ST-ZIP MIAMI FL
☐ DELETE
 DSV  
 NAME REED, LINDA L  
 STREET ADDRESS 18605 S.W. 88TH RD.  
 CITY-ST-ZIP MIAMI FL
☐ DELETE
 DV  
 NAME KAMINSKY, NANCY  
 STREET ADDRESS 7801 S.W. 148TH ST.  
 CITY-ST-ZIP MIAMI FL
☐ DELETE
 V  
 NAME MCREYNOLDS, BEVERLY  
 STREET ADDRESS 700 N.W. 107 AVE  
 CITY-ST-ZIP MIAMI FL
☐ DELETE
 DP  
 NAME REEDER, THOMAS M  
 STREET ADDRESS 8540 S.W. 151ST ST.  
 CITY-ST-ZIP MIAMI FL
☐ DELETE
 DVT  
 NAME MUNOZ, JANICE  
 STREET ADDRESS 700 NW 107TH AVE.  
 CITY-ST-ZIP MIAMI FL
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 11. TITLE  
 12. NAME  
 13. STREET ADDRESS  
 14. CITY-ST-ZIP
☐ Change ☐ Addition
 21. TITLE  
 22. NAME  
 23. STREET ADDRESS  
 24. CITY-ST-ZIP
☐ Change ☐ Addition
 31. TITLE  
 32. NAME  
 33. STREET ADDRESS  
 34. CITY-ST-ZIP
☐ Change ☐ Addition
 41. TITLE  
 42. NAME  
 43. STREET ADDRESS  
 44. CITY-ST-ZIP
☐ Change ☐ Addition
 51. TITLE  
 52. NAME  
 53. STREET ADDRESS  
 54. CITY-ST-ZIP
☐ Change ☐ Addition
 61. TITLE  
 62. NAME  
 63. STREET ADDRESS  
 64. CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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

[Signature] Nancy Kaminsky 1-13-97 (305) 779-16400

CR2E034 (9/96)