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Secretary of State

02-24-1999 90007 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000037771**

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 Qualifed: 05/19/1994

2. Principal Place of Business	2a. Mailing Address
21 730 N.W. 107 Avenue	26 730 N.W. 107 Avenue
Suite, Apt. #, etc. 22 Suite 121	Suite, Apt. #, etc. 27 Suite 121
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33172 25 U.S.A.	Zip / Country 29 33172 30 U.S.A.

4. FEI Number: 65-0494060 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. XX Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	C/D/V	☐ Change XX Addition
NAME	REED, LINDA L		1.2 NAME	Allan J. Pekor	
STREET ADDRESS	18605 S.W. 88TH RD.		1.3 STREET ADDRESS	4546 Prairie Avenue	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	Miami Beach, Florida 33140	
TITLE	DV	☐ DELETE	2.1 TITLE	V	☐ Change XX Addition
NAME	KAMINSKY, NANCY		2.2 NAME	Clotilde C. Keller	
STREET ADDRESS	7801 S.W. 146TH ST.		2.3 STREET ADDRESS	6821 S.W. 155 Avenue	
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP	Miami, Florida 33193	
TITLE	AS	☐ DELETE	3.1 TITLE	S	☐ Change XX Addition
NAME	TEIXEIRA, LINDA		3.2 NAME	Debra B. Modist	
STREET ADDRESS	700 N.W. 107 AVE		3.3 STREET ADDRESS	1423 Alhambra Circle	
CITY-ST-ZIP	MIAMI FL 33172		3.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	DP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REEDER, THOMAS M		4.2 NAME		
STREET ADDRESS	8540 S.W. 151ST ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MUNOZ, JANICE		5.2 NAME		
STREET ADDRESS	700 NW 107TH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: _____ 1/8/99 305-559-5656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas M. Reeder President