CORPORATION
ANNUAL REPORT
1995

Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 27 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000085325 (6)

1. Corporation Name
ALL FLORIDA TITLE GROUP, INC.

Principal Place of Business	Mailing Address
1155 HEIDI COURT DELAND FL 32720	1155 HEIDI COURT DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1642 N. Volusia Ave	26 1642 N. Volusia AVE
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23 ORANGE City FL	City & State 28 ORANGE City FL
Zip 24 32763 Country 25 Volusia	Zip 29 32763 Country 30 Volusia

4. FEI Number: 59-3279586 ☐ 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KANE, STEVEN K 1900 SUMMIT TOWER BLVD. SUITE 800 ORLANDO FL 32810	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 the date of signature) (If changing Registered Agent, registered agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE		11 TITLE	☐ Change ☑ Addition
NAME		12 NAME	V KARINA B DALIK
STREET ADDRESS		13 STREET ADDRESS	101 N. HILLAVE #12
CITY ST ZIP		14 CITY ST ZIP	DeLand, FL 32724
TITLE		21 TITLE	☐ Change ☑ Addition
NAME		22 NAME	SIT BRUCE A. GERMAIN
STREET ADDRESS		23 STREET ADDRESS	5791 STEWART AVE
CITY ST ZIP		24 CITY ST ZIP	Ft. ORANGE FL 32119
TITLE		31 TITLE	☐ Change ☑ Addition
NAME		32 NAME	P Rose C Kelly
STREET ADDRESS		33 STREET ADDRESS	1155 HEIDI CT
CITY ST ZIP		34 CITY ST ZIP	DeLand FL 32720
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 be the legal equivalent of having the same 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: Rose C Kelly (Rose C Kelly) 2-21-95 904 774 9790
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
President

000007 CP