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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

DOCUMENT # P95000023322 (7)

1. Corporation Name
NEW HORIZONS TITLE, INC.

Principal Place of Business

Mailing Address

1075 SHEPHERD DRIVE
101
LONGWOOD FL 32779
US

2833 W SR 434
101
LONGWOOD FL 32779-4884
US

3. Date Incorporated or Qualified
03/22/1995

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 2933 W. S.R. 434

26

4. FEI Number

Applied For

59-3304522

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 101

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 Longwood, FL.

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32779

25

USA

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIELDS, MICHAEL G
1610 E NORMANDY BLVD
DELTONA FL 32725

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

104 Wheatland Ct.

83

84 City

Longwood

FL

85 Zip Code

32779

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FIELDS, MICHAEL G
1610 E NORMANDY BLVD
DELTONA FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
104 Wheatland Ct.
Longwood, FL 32779

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAROCCA, VERONICA F
1610 E NORMANDY BLVD
DELTONA FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
104 Wheatland Ct.
Longwood, FL 32779

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

M. P. S. D. K. P. S. A. D.

M. P. S. D. K. P. S. A. D. - President

4/17/97 (407) 288-7072

CR2E034 (9/96)