

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 # P95000040857 (1)

1. Corporation Name

THE SECURITY FIRST TITLE AFFILIATES, INC.



Principal Place of Business

3008 FAIR OAKS AVENUE
TAMPA FL 33611

Mailing Address

3008 FAIR OAKS AVENUE
TAMPA FL 33611

2. Principal Place of Business

21 1715 N. Westshore Blvd

2a. Mailing Address

26 1715 N. Westshore Blvd

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

4. FEI Number

65-0586008

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

Suite, Apt., #, etc.

22 #150

Suite, Apt., #, etc.

27 #150

City & State

23 Tampa FL

City & State

28 Tampa FL

Zip

24 33607

County

25 Hillsborough

Zip

29 33607

County

30 Hillsborough

9. Name and Address of Current Registered Agent

GREBER, ALAN S
3008 FAIR OAKS AVENUE
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

Alan S. Greber

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

1715 N. Westshore Blvd #150

83 City

84 State

Tampa

FL

85 Zip Code

33607

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

Alan S. Greber

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

(NOTE: Registered Agent Signature required when resigning)

2/21/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT + DIRECTOR	<input type="checkbox"/> DELETE
NAME	ALAN S. GREBER	
STREET ADDRESS	1715 N. Westshore Blvd #150	
CITY - ST - ZIP	TAMPA, FL 33607	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	J. WILLIAM COTTER, JR	
STREET ADDRESS	1715 N. Westshore Blvd #150	
CITY - ST - ZIP	TAMPA, FL 33607	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	HOWARD M. GREBER	
STREET ADDRESS	1715 N. Westshore Blvd #150	
CITY - ST - ZIP	TAMPA, FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

Alan S. Greber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96

813-282-8414

DATE DAYTIME PHONE

CR2E034 (12/95)