

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90030 046 ***150.00

DOCUMENT # P96000062500

1. Corporation Name

U.S. TITLE & GUARANTY CORPORATION



Principal Place of Business

5901 N.W. 151ST ST.
SUITE 120
MIAMI LAKES FL 33014

Mailing Address

PO BOX 4550
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1996

4. FEI Number

65-0746607

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

2. Principal Place of Business

21 14505 COMMERCE WAY

2a. Mailing Address

26 14505 COMMERCE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #400

27 #400

City & State

City & State

23 MIAMI LAKES, FL

28 MIAMI LAKES, FL

Zip Country

Zip Country

24 33016

25

29 33016

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPEIZER, HARRY
5901 N.W. 151ST STREET
SUITE 120
MIAMI LAKES FL 33014

81 Name
JOHNSTON, PATRICE M.

82 Street Address (P.O. Box Number is Not Acceptable)
14505 COMMERCE WAY

83 #400

84 City
MIAMI LAKES

85 Zip Code
FL 33016

11. Pursuant to the provisions of Sections 607.0502 and 607.4508, 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

Patrice M. Johnston

4/2/99

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 VD ☒ DELETE
NAME SPEIZER, HARRY
STREET ADDRESS 5901 N.W. 151ST ST.
CITY-ST-ZIP MIAMI LAKES FL 33014

1.1 TITLE VT ☐ Change ☒ Addition
1.2 NAME RICE, SHERYL S.
1.3 STREET ADDRESS 14505 COMMERCE WAY, #400
1.4 CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE VTD ☒ DELETE
NAME KLEINERMAN, PETER
STREET ADDRESS 5901 N.W. 151ST ST.
CITY-ST-ZIP MIAMI LAKES FL 33014

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME ROSEWATER, JAMES P
STREET ADDRESS 5901 N.W. 151ST ST.
CITY-ST-ZIP MIAMI LAKES FL 33014

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME WEITZER, HARRY
STREET ADDRESS 5901 N.W. 151ST ST.
CITY-ST-ZIP MIAMI LAKES FL 33014

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME FELDSTEEN, LEIGH
STREET ADDRESS 5901 N.W. 151ST ST.
CITY-ST-ZIP MIAMI LAKES FL 33014

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AVS ☐ DELETE
NAME JOHNSTON, PATRICE M
STREET ADDRESS 5901 N.W. 151ST ST.
CITY-ST-ZIP MIAMI LAKES FL 33014

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

305 819 4663

Daytime Phone #

CR2E034 (1/198)

0130390