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FILED

Apr 10 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 # P96000063475 (3)

1. Corporation Name

ALAFIA TITLE INSURANCE, INC.



Principal Place of Business

11115 CARMON STREET  
RIVERVIEW FL 33569-4443

Mailing Address

11115 CARMON STREET  
RIVERVIEW FL 33569-4443

2. Principal Place of Business

21 7423 U.S. Hwy 301 South  
Suite, Apt. #, etc.

2a. Mailing Address

27 7423 U.S. Hwy 301 South  
Suite, Apt. #, etc.

City & State

23 Riverview Florida

City & State

28 Riverview Florida

Zip

24 33569

Country

25 USA

Zip

29 33569

Country

30 USA

9. Name and Address of Current Registered Agent

ALONSO, BOBBI J  
11115 CARMON STREET  
RIVERVIEW FL 33569-4443

3. Date Incorporated or Qualified

07/26/1996

3a. Date of Last Report

4. FEI Number

59-3393181

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

7423 U.S. Hwy 301 South

83

84

Riverview

FL

85 Zip Code

33569

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: *Bobbi J. Alonso*

(NOTE: Registered Agent signature required when reinstating)

4/1/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ALONSO, BOBBI A  
STREET ADDRESS 11115 CARMON STREET  
CITY-ST-ZIP RIVERVIEW FL 33569-4443

TITLE D ☐ DELETE  
NAME ALONSO, WAYNE C  
STREET ADDRESS 11115 CARMON STREET  
CITY-ST-ZIP RIVERVIEW FL 33569-4443

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Alonso, Bobbi Jo  
1.3 STREET ADDRESS 11115 Carmon Street  
1.4 CITY-ST-ZIP Riverview Florida 33569

2.1 TITLE Vice President ☒ Change ☐ Addition  
2.2 NAME Alonso, Wayne C.  
2.3 STREET ADDRESS 11115 Carmon Street  
2.4 CITY-ST-ZIP Riverview Florida 33569

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

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

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

6.1 TITLE ☐ Change ☐ 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 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: *Bobbi J. Alonso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/97 813-477-3340

Daytime Phone #

CR2E034 (9/96)