

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000067412 (2)**

1. Corporation Name

ALLIANCE TITLE OF AMERICA, INC.

Principal Place of Business

Mailing Address

**2502 ROCKY POINT DR
180
TAMPA FL 33607
US**

**2502 ROCKY POINT DR
180
TAMPA FL 33607
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number

65-0685696

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**CAREVICH, GARY S
2502 ROCKY POINT DR
180
TAMPA FL 33607**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Executive VP/CFO
(NOTE: Registered Agent signature required when reinstating)

4-21-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	D-O-T	<input type="checkbox"/> DELETE
NAME	CAREVICH, GARY	
STREET ADDRESS	2887 WILDERNESS BOULEVARD, EAST	
CITY-ST-ZIP	PARRISH FL 34219	

TITLE	D-O-S	<input type="checkbox"/> DELETE
NAME	HENDRICKSON, ROBERT W III	
STREET ADDRESS	5907 FLOTILLA DRIVE	
CITY-ST-ZIP	HOLMES BEACH FL 34217	

TITLE	D-O	<input type="checkbox"/> DELETE
NAME	MCKINLAY, RICHARD S	
STREET ADDRESS	6410 GRIFFIN BOULEVARD	
CITY-ST-ZIP	FORT MYERS FL 33908	

TITLE	D-O	<input type="checkbox"/> DELETE
NAME	MONSON, G. DALE	
STREET ADDRESS	3010 WILDERNESS BOULEVARD, WEST	
CITY-ST-ZIP	PARRISH FL 34219	

TITLE	D-O	<input type="checkbox"/> DELETE
NAME	RUFFINO, MICHAEL R	
STREET ADDRESS	11822 OAK RIDGE DRIVE	
CITY-ST-ZIP	PARRISH FL 34219	

TITLE	D-O-P	<input type="checkbox"/> DELETE
NAME	FLAVIN, BARRY	
STREET ADDRESS	2502 ROCKY POINT DR, 180	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D) Harold D. Hickman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1614 ALTOONA WAY	
1.3 STREET ADDRESS	Brandon, FL 34261	
1.4 CITY-ST-ZIP		

2.1 TITLE	D) ALTHA L. Waller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	230 N.E 51st Ave	
2.3 STREET ADDRESS	OCALA, FL 34470	
2.4 CITY-ST-ZIP		

3.1 TITLE	D) Keith Arnold	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1401 River Road	
3.3 STREET ADDRESS	Fort Myers, FL 33905	
3.4 CITY-ST-ZIP		

4.1 TITLE	D) Kevin David Thomas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	536 Lake Como Circle	
4.3 STREET ADDRESS	ORLANDO, FL 32803	
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 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:

[Signature]

4-21-98 813-282-8536

CR2E034 (10/97)