FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

May 03, 1999 8:00 am Secretary of State

05-03-1999 90112 011 ***150.00

DOCUMENT # P98000008388 1. Corporation Name ALLIANCE TITLE INSURANCE, INC. Mailing Address Principal Place of Business 690 NORTHWEST 65TH AVENUE 690 NORTHWEST 65TH AVENUE PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/27/1998 2a. Mailing Address Applied For 4. FEI Number 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country This corporation owes the current year Intangible Zip Zip Country ÌXÍNo Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LRIPP **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 82 343 ALMERIA AVENUE CORAL GABLES FL 33134 83 Zip Code 84 City/) tion 33317 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 stered Agent signature required when reinstating) egistered agent and title if applic ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1.1 TITLE TITLE ÞSTD TRIPP, JANET 1.2 NAME NAME 690 NORTHWEST 65TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33317** 1.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE Change ☐ Addition 6.1 TITLE TITLE 62 NAME NAME

6.4 CITY-ST-ZIP 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.

6.3 STREET ADDRESS

STREET ADDRESS

CR2E034 (11/98