

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

DOCUMENT # P98000017035

1. Corporation Name
HOMEOWNERS' TITLE CORP.

Principal Place of Business
1701 WEST HILLSBORO BLVD. #301
DEERFIELD BEACH FL 33442

Mailing Address
1701 WEST HILLSBORO BLVD. #301
DEERFIELD BEACH FL 33442

01-21-1999 90053 028 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/23/1998	
4. FEI Number 25-0816305	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	27. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
WEINTRAUB, PETER B
1701 WEST HILLSBORO BLVD. #301
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0102 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]* DATE 1/7/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11. TITLE	
NAME	WEINTRAUB, PETER B	12. NAME	
STREET ADDRESS	1701 WEST HILLSBORO BLVD. #301	13. STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	14. CITY-ST-ZIP	
TITLE	D	21. TITLE	
NAME	GINBERG, ROB	22. NAME	
STREET ADDRESS	6043 GIRALDA CIRCLE	23. STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	24. CITY-ST-ZIP	
TITLE		31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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 at the receipt of this report 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 both, in attachment with a signature, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/7/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR