

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059489

FILED
Jan 05, 2004
Secretary of State

Entity Name: SOUTH FLORIDA TITLE INSURERS OF BROWARD COUNTY, INC.

Current Principal Place of Business:

350 EAST LAS OLAS BLVD.
SUITE 1440
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

350 EAST LAS OLAS BLVD.
SUITE 1440
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0859112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTROW, JEFFREY M
350 EAST LAS OLAS BLVD.
SUITE 1440
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GELCH, GARY D
Address: 8751 W BROWARD BLVD, SUITE 408
City-St-Zip: PLANTATION, FL 33328

Title: D () Delete
Name: TAYLOR, GREGORY B
Address: 8751 W BROWARD BLVD, SUITE 408
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: OSTROW, JEFFREY M
Address: 350 E. LAS OLAS BLVD., STE. 1440
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: HODKIN, ADAM J
Address: 350 E. LAS OLAS BLVD., STE. 1440
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: KOPELOWITZ, BRIAN R
Address: 350 E. LAS OLAS BLVD., STE. 1440
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY M. OSTROW

D

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date