

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000059489

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



Principal Place of Business
**350 EAST LAS OLAS BLVD.
STE. 980
FT. LAUDERDALE, FL 33301**

Mailing Address
**350 EAST LAS OLAS BLVD.
STE. 980
FT. LAUDERDALE, FL 33301**



D1092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0859112

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, GREGORY B
350 EAST LAS OLAS BLVD.
9TH FLOOR
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
TAYLOR, GREGORY B
350 E. LAS OLAS BLVD., 9TH FLOOR
FORT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
THOMPSON, MARK
350 EAST LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MOORE, KEITH
350 EAST LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/17/06-80026-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-06