## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	25 P. 1	DIVISION OF C					
OCUMENT #	S67640	(0)					
ALLIED TITLE INSU	RANCE, INC.			1 JARISANA MAR ANNI MARKA ANNI BIRI	1 <b>8 8</b> 11 <b>8</b> 18 11 <b>8</b> 14	ik Diğil Diğil	ANDERIOR DE
Trincipal Prace of Business Mailing Address							
5314 LEMON ST NEW PORT RICHEY FL 34652		5314 LEMON ST NEW PORT RICHEY FL	34652				
US		US		3. Date incorporated or Qualified 07/18/1991		of Last R	
Principal Place of Business	24	a. Mailing Address		4. FEI Number			Applied For
	26	Suite, Apt. #, etc.		59-3080577			Not Applicable  Additional
Suite, Apt. #, etc.	27			5. Certificate of Status Dosired			Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution			O May Be
70	28 Country	<u> </u>	Country	8. This corporation has liability for	intangible ta		
25	29		30		i □No		
9. Name and	Address of Current Reg	istered Agent	051 11	10. Name and Address of New I	Registered	Agent	
T. T. C. D. C. L. C. L.			B1 Name			<u>-</u>	
TUTTLE, DONALD W 5314 LEMON ST			82 Street Add	lress (P.O. Box Number is Not Accepta	ble)		
NEW PORT RICHEY FL	. 34652		83				
			84 City			85 Z	ıp Code
			'		FL	<u>-                                     </u>	
familiar with, and accept the	obligations of, Section 60	7.0505, Florida Statutes.	ed by the corporation's bo	pration submits this statement for the po and of directors. I hereby accept the app	Sometiment de	. rogiotaro	- <b>4 3 5 6 7 1 1 1 1</b>
tamiliar with, and accept the Sylamic typed or prot Sylamic typed or prot	obligations of, Section 60 administration of registeric agest and blic OFFICERS AND DIR	r agginator (NO	te Registered Agent signature required.		DATE FICERS AND	DIRECTO	DRS IN 12
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appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

January 17,1996 813-849-8 336