

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

PRCFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V39447 (0)

1. Corporation Name

PHOENIX TITLE INSURANCE CORPORATION



Principal Place of Business

Mailing Address

% RONALD WITKOWSKI
12788 W. FOREST HILL BLVD., SUITE 1002
W. PALM BEACH FL 33414

% RONALD WITKOWSKI
12788 W. FOREST HILL BLVD., SUITE 1002
W. PALM BEACH FL 33414

3. Date Incorporated or Qualified
05/28/1992

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0334970

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WITKOWSKI, RONALD
12788 W. FOREST HILL BLVD.
SUITE 1002
W. PALM BEACH FL 33414

81 Name

Hilgendorf, Cathyrine M.

82 Street Address (P.O. Box Number is Not Acceptable)

12788 W. Forest Hill Blvd #1002

83

84 City

Wellington

FL

85 Zip Code

33414

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WITKOWSKI, RONALD
STREET ADDRESS 12788 W FOREST HILL BLVD
CITY- ST- ZIP W. PALM BEACH FL ☒ DELETE

TITLE STD
NAME HILGENDORF, CATHYRINE M
STREET ADDRESS 724 NORTH ATLANTIC DR
CITY- ST- ZIP LANTANA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

1 1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

2 1 TITLE
22 NAME President, Director ☒ Change ☐ Addition
23 STREET ADDRESS Secretary
24 CITY- ST- ZIP

3 1 TITLE VP
32 NAME Cynthia F. Davis
33 STREET ADDRESS 12810 Sand Road North
34 CITY- ST- ZIP Royal Palm Beach, FL 33411 ☐ Change ☒ Addition

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP ☐ Change ☐ Addition

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/18/96 407-745-3800

CR2E034 (12/95)