

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 039447  
**1. Corporation Name** PHOENIX TITLE INSURANCE CORPORATION

**Principal Place of Business** 12788 W. Forest Hill Blvd. #1002  
 Wellington, Florida 33414

**3. Date Incorporated or Qualified** 5/28/92  
**3a. Date of Last Report** 4/26/96

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> 12788 W. Forest Hill Blvd	<b>26</b> 119 East Ocean Avenue
<b>22</b> Suite Apt # etc. 1002	<b>27</b> Suite, Apt #, etc.
<b>23</b> City & State Wellington, Florida	<b>28</b> City & State Lantana, Florida
<b>24</b> Zip 33414	<b>29</b> Zip 33462
<b>25</b> Country USA	<b>30</b> Country USA

**4. FEI Number** 65-0334970  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**  
**6. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes** ☐ Yes ☐ No

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
CATHYRINE M. HILGENDORF 12788 W. Forest Hill Blvd. #1002 Wellington, Florida 33414	<b>81</b> Name CATHYRINE M. HILGENDORF <b>82</b> Street Address (P.O. Box Number is Not Acceptable) 119 East Ocean Avenue <b>83</b> <b>84</b> City Lantana <b>85</b> Zip Code FL 33462

**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** *Cathy Hilgendorf* (NOTE: Registered Agent signature required when reinstating) **DATE**

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> V	<b>DAVIS, CYNTHIA F.</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	12810 52nd Road North	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	Royal Palm Beach, Florida 33411	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b> PDS	<b>HILGENDORF, CATHYRINE M.</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	724 N. Atlantic Drive	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	Lantana, Florida 33462	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

**14.** I do 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 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:** *Cathy Hilgendorf* **3/31/97** **561-540-3990**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 C.M. Hilgendorf

CR2E034 (9/96)