

3-19-98 B 3463 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V39447** (0)
1. Corporation Name
PHOENIX TITLE INSURANCE CORPORATION

Principal Place of Business
RONALD WITKOWSKI
12788 W. FOREST HILL BLVD - SUITE 1002
W. PALM BEACH FL 33414

Mailing Address
119 E. OCEAN AVENUE
LANTANA FL 33462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 119 E. Ocean Ave Suite, Apt. #, etc 22 City & State 23 Lantana, FL Zip 24 33462 25 USA		2a. Mailing Address 26 119 E. Ocean Ave Suite, Apt. #, etc 27 City & State 28 Lantana, FL Zip 29 33462 30 USA		3. Date Incorporated or Qualified 05/28/1992	
				4. FEI Number 65-0334970 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HILGENDORF, CATHERINE M 12788 W. FOREST HILL BLVD. SUITE 1002 WELLINGTON FL 33414		10. Name and Address of New Registered Agent 81 Name Cathyrine M. Hilgendorf 82 Street Address (P.O. Box Number is Not Acceptable) 119 East Ocean Avenue 83 84 City Lantana FL 85 Zip Code 33462	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input checked="" type="checkbox"/> DELETE	V DAVIS, CYNTHIA F 12810 52ND ROAD NORTH ROYAL PALM BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	PDS HILGENDORF, CATHYRINE M 724 NORTH ATLANTIC DR LANTANA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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14. I 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: **M. Hilgendorf** 1/27/98 501-510-

CFR2034 (10/97)