

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90046 049 ***150.00

DOCUMENT # V39447

1. Corporation Name

PHOENIX TITLE INSURANCE CORPORATION

Principal Place of Business

119 E. OCEAN AVENUE
LANTANA FL 33462
US

Mailing Address

119 E. OCEAN AVE
LANTANA FL 33462
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1992

4. FEI Number

65-0334970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2875 So. Ocean Blvd

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 216

Suite, Apt. #, etc.

27 2875 So. Ocean Blvd

City & State

23 Palm Beach, FL

City & State

28 Palm Beach, FL

Zip

24 33480

Country

25 Palm Beach

Zip

29 33480

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

HILGENDORF, CATHYRINE M.
119 OCEAN AVENUE
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name Cathyrine M. Hilgendorf
82 Street Address (P.O. Box Number is Not Acceptable) 2875 So. Ocean Blvd #216
83
84 City Palm Beach FL 85 Zip Code 33480

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, Pres.

4/7/99

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Vice president
Cynthia I Jenkins
5590 F Coaches House Cir
Boca Raton, FL 33486

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, with all other like empowered.

SIGNATURE:

C. Hilgendorf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

561-540-3990

Daytime Phone #

CR2E034 (11/98)