

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **410234** (9)

1. Corporation Name

**GULF STREAM TITLE COMPANY OF MIAMI**



Principal Place of Business

Mailing Address

615 NE 124 ST  
PO BOX 357  
NORTH MIAMI FL 33161-5522

17911 VON KARMAN  
300  
IRVINE CA 92714  
US

3. Date Incorporated or Qualified

10/06/1972

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

STAKER, KARLA J  
280 WEKIVA SPRINGS ROAD 148  
1101 BRICKELL AVENUE  
LONGWOOD FL 32779

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1439766

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

10. Name and Address of New Registered Agent

81 Name

C T Corporation System

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

1200 South Pine Island Road

83

84 City

Plantation

85 FL

Zip Code

33324

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

*D.F. Hickey*

D.F. Hickey, Asst. Secretary

4-12-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAUDSLEY, RONALD R.	
STREET ADDRESS	280 WEKIVA SPRINGS RD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NEUREUTER, HOLLY	
STREET ADDRESS	280 WEKIVA SPRINGS ROAD, #148	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FOLEY, WILLIAM P I	
STREET ADDRESS	17911 VON KARMAN, SUITE 500	
CITY-ST-ZIP	IRVINE CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>CALINDA, LAURENCE E.</del>	
STREET ADDRESS	<del>17911 VON KARMAN, SUITE 500</del>	
CITY-ST-ZIP	<del>IRVINE CA</del>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GLENN, SUSAN KAY	
STREET ADDRESS	615 N.E. 124TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<del>MCCABE, JOSEPH V.</del>	
STREET ADDRESS	<del>17911 VON KARMAN, SUITE 300</del>	
CITY-ST-ZIP	<del>IRVINE CA</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
1.2 NAME	Maudsley, Ronald R.	
1.3 STREET ADDRESS	17911 Von Karman Ave., #300	
1.4 CITY-ST-ZIP	Irvine CA 92714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	000001783300	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-04/17/96--01017--017	
4.3 STREET ADDRESS	***200.00	
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	Kane, M'Liss Jones	
6.2 NAME	17911 Von Karman, Suite 300	
6.3 STREET ADDRESS	Irvine CA	
6.4 CITY-ST-ZIP		

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:

*M'Liss Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

714/622-4333

Daytime Phone #

CR2E034 (12/95)