

FILE NOW: FILING FEE A

PROFIT
CORPORATION
ANNUAL REPORT
1997



DIVISION OF CORPORATIONS

ATE

FILED
Mar 17 1997 8:00am
Secretary of State

DOCUMENT # 006211 (7)

1. Corporation Name
SECURITY ABSTRACT AND INSURANCE COMPANY

Principal Place of Business
1555 PALM BCH LAKES BLVD., #100
WEST PALM BEACH FL 33401

Mailing Address
1555 PALM BCH LAKES BLVD., #100
WEST PALM BEACH FL 33401-2344



3. Date Incorporated or Qualified
06/01/1913

3a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21 c/o Stewart Title Guaranty Co.

26 Stewart Title Guaranty Company

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3401 West Cypress St., Ste. 202

27 3401 West Cypress Street

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

Zip

Country

Zip

Country

24 33601

25 Hillsborough

29 33607

30 Hillsborough

4. FEI Number

59-0440030

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

81 Name HAROLD HICKMAN

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

3401 WEST CYPRESS ST.

83

84 City TAMPA

FL

85 Zip Code 33607

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, in 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 607.0502, Florida Statutes.

SIGNATURE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)

2/24/97 813-8760619