

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 018196 (6)**

1. Corporation Name  
**AMERICAN TITLE INSURANCE COMPANY**



Principal Place of Business <b>280 WEKIVA SPRINGS ROAD                  SUITE 148                  LONGWOOD FL 32778                  US</b>	Mailing Address <b>17911 VON KARMAN                  SUITE 300                  IRVINE CA 92714                  US</b>
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3. Date Incorporated or Qualified <b>06/18/1936</b>	3a. Date of Last Report <b>03/08/1995</b>
4. FEI Number <b>59-0482960</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**FLA. INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and US-IP applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MAUDSLEY, RONALD R	
STREET ADDRESS	280 WEKIVA SPRINGS RD - STE 148	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MCCABE, JOSEPH V	
STREET ADDRESS	17911 VON KARMAN, STE. 300	
CITY - ST - ZIP	IRVINE CA	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	FOLEY, WILLIAM P. II	
STREET ADDRESS	17911 VON KARMAN, STE., 500	
CITY - ST - ZIP	IRVINE CA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	STRUNK, CARL A	
STREET ADDRESS	17911 VON KARMAN, STE 500	
CITY - ST - ZIP	IRVINE CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WIMER, CHARLES H	
STREET ADDRESS	2 PARK AVENUE, 34D FLOOR	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, JOSEPH N	
STREET ADDRESS	17911 VON KARMAN, STE. 400	
CITY - ST - ZIP	IRVINE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VP S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	M'LISS JONES KANE	
2.3 STREET ADDRESS	17911 Von Karman Ave., Ste. 300	
2.4 CITY - ST - ZIP	Irvine, CA 92714	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FRANK P. WILLEY	
6.3 STREET ADDRESS	17911 Von Karman Ave., Ste. 500	
6.4 CITY - ST - ZIP	Irvine, CA 92714	

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 Kane* **3/21/96** **(714) 622-4326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**M'Liss Jones Kane, Vice President, Secretary**

Date Daytime Phone #

CR2E034 (12/95)