FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

*CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 24 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **156040** **(8)**

1. Corporation Name
AMERICAN TITLE AND ABSTRACT COMPANY

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE P.O. BOX 01-5002 MIAMI FL 33131 US	POST OFFICE BOX 01-5002. N/A P.O. BOX 01-5002 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/27/1948**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **280 WEKIVA SPRINGS RD**
Suite, Apt. #, etc.
22 **STE 148**
City & State
23 **LONGWOOD, FLORIDA**
Zip 24 **32799** Country 25 **USA**

2a. Mailing Address
26 **280 WEKIVA SPRINGS RD**
Suite, Apt. #, etc.
27 **STE 148**
City & State
28 **LONGWOOD, FLORIDA**
Zip 29 **32799** Country 30 **USA**

4. FEI Number: **NOT APPLICABLE** ☐ 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

9. Name and Address of Current Registered Agent

PERNA, LANCE E.
1101 BRICKELL AVE.
1101 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: KARLA STAKER
82 Street Address (P.O. Box Number is Not Acceptable): 280 WEKIVA SPRINGS, RD., STE. 148
83
84 City: LONGWOOD **FL** 85 Zip Code: 32779

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: Karla J. Staker — 4-19-95
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	D	11 TITLE	☒ Change ☐ Addition
NAME	FOLEY, WILLIAM P. I	12 NAME	FOLEY, WILLIAM P.
STREET ADDRESS	2100 S.E. MAIN ST., STE. 400	13 STREET ADDRESS	17911 VON KARMAN AVE., STE. 300
CITY · ST · ZIP	IRVINE CA	14 CITY · ST · ZIP	IRVINE, CA. 92714
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	CALINDA, LAURENCE E.	22 NAME	CALINDA, LAURENCE
STREET ADDRESS	2100 S.E. MAIN STREET., STE. 400	23 STREET ADDRESS	17911 VON KARMAN AVE., STE. 300
CITY · ST · ZIP	IRVINE CA	24 CITY · ST · ZIP	IRVINE, CA. 92714
TITLE	DPC	31 TITLE	☒ Change ☐ Addition
NAME	MAUDSLEY, RONALD R.	32 NAME	MAUDSLEY, RONALD R.
STREET ADDRESS	280 WEKIVA SPRINGS RD	33 STREET ADDRESS	280 WEKIVA SPRINGS RD., STE. 148
CITY · ST · ZIP	LONGWOOD FL	34 CITY · ST · ZIP	
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	BECK, TERRI E.	42 NAME	STAKER KARLA J.
STREET ADDRESS	1101 BRICKELL AVE	43 STREET ADDRESS	280 WEKIVA SPRINGS ROAD. STE 148
CITY · ST · ZIP	MIAMI FL	44 CITY · ST · ZIP	LONGWOOD, FLORIDA 32779
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	MC CABE, JOSEPH
STREET ADDRESS		53 STREET ADDRESS	17911 VON KARMAN AVE., STE. 300
CITY · ST · ZIP		54 CITY · ST · ZIP	IRVINE, CA. 92714
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY · ST · ZIP		64 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)(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: April 16, 1995
JOSEPH MC CABE SECRETARY
Name and title (TYPED OR PRINTED) of person signing (Date) (Telephone Number)

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