ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

95 APR 21 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 256095 (1)

1. Corporation Name

MIAMI TITLE & ABSTRACT CO

Principal Place of Business	Mailing Address
1101 BRICKELL AVE BOX 01-5002 MIAMI FL 33131-3104 US	2390 E CAMELBACK RD 315 PHOENIX AZ 85016 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1962
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 280 WEKIVA SPRINGS ROAD,
Suite, Apt. #, etc.
22: SUITE #148
City & State
23: LONGWOOD, FL
Zip
24: 32779
Country
25:

2a. Mailing Address
26: 17911 VON KARMAN,
Suite, Apt. #, etc.
27: SUITE 300
City & State
28: IRVINE, CA
Zip
29: 92714
Country
30:

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

91 Name: KARLA J. STAKER
92 Street Address (P.O. Box Number is Not Acceptable): 280 WEKIVA SPRINGS ROAD, SUITE #148
93:
94 City: LONGWOOD FL 95 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 4-13-95
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	STEIN, JOSEPH N	12 NAME		
STREET ADDRESS	30021 TOMAS ST STE 20	13 STREET ADDRESS	17911 VON KARMAN, SUITE 400	
CITY-ST-ZIP	RANCHO SANTA MARGARITA CA	14 CITY-ST-ZIP	IRVINE, CA 92714	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	TYSON, DARRYL	22 NAME		
STREET ADDRESS	14100 NW 58 CT	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	FOLEY, WILLIAM P II	32 NAME		
STREET ADDRESS	2100 SE MAIN ST SUITE 400	33 STREET ADDRESS	17911 VON KARMAN, SUITE 400	
CITY-ST-ZIP	IRVINE CA	34 CITY-ST-ZIP	IRVINE, CA 92714	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	STRUNK, CARL A	42 NAME		
STREET ADDRESS	2100 SE MAIN ST., SUITE 400	43 STREET ADDRESS	17911 VON KARMAN, SUITE 400	
CITY-ST-ZIP	IRVINE CA	44 CITY-ST-ZIP	IRVINE, CA 92714	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MAUDSLEY, RONALD R	52 NAME		
STREET ADDRESS	280 WEKIVA SPRINGS RD. #148	53 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	S	☐ Change ☒ Addition
NAME		62 NAME	McCABE, JOSEPH V.	
STREET ADDRESS		63 STREET ADDRESS	17911 VON KARMAN, SUITE 300	
CITY-ST-ZIP		64 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)(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: 3/5/95 (714) 622-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH V. McCABE

0479406 FP