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

DOCUMENT # **256095** **(1)**

1. Corporation Name

MIAMI TITLE & ABSTRACT CO

Principal Place of Business	Mailing Address
280 WEKIVA SPRINGS ROAD 148 LONGWOOD FL 32778 US	17911 VON KARMAN 300 IRVINE CA 92714 US

3. Date Incorporated or Qualified: 02/19/1962	3a. Date of Last Report: 04/21/1995
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	

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

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: C T Corporation System
(82) Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
(83)
(84) City: Plantation FL (85) 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, Asst. Secretary DATE: 4-12-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, JOSEPH N		1.2 NAME		
STREET ADDRESS	17911 VON KARMAN, SUITE 400		1.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TYSON, DARRYL		2.2 NAME		
STREET ADDRESS	14100 NW 58 CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FOLEY, WILLIAM P II		3.2 NAME	800001783298	
STREET ADDRESS	17911 VON KARMAN, SUITE 400		3.3 STREET ADDRESS	-04/17/96--01017--016	
CITY-ST-ZIP	IRVINE CA		3.4 CITY-ST-ZIP	***200.00	
TITLE	D	☐ DELETE	4.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	STRUNK, CARL A		4.2 NAME		
STREET ADDRESS	17911 VON KARMAN, SUITE 400		4.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	President	☐ Change ☒ Addition
NAME	MAUDSLEY, RONALD R		5.2 NAME		
STREET ADDRESS	280 WEKIVA SPRINGS RD. #148		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	Kane M. Iss Jones	☐ Change ☒ Addition
NAME	MCCABE, JOSEPH V		6.2 NAME	17911 Von Karman, Suite 300	
STREET ADDRESS	17911 VON KARMAN, SUITE 300		6.3 STREET ADDRESS	Irvine, Ca	
CITY-ST-ZIP	IRVINE CA		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ 4/8/96 (714) 622-4333 JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #