

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 410234 (9)

1. Corporation Name

GULF STREAM TITLE COMPANY OF MIAMI



Principal Place of Business

Mailing Address

615 NE 124 ST  
PO BOX 357  
NORTH MIAMI FL 33161-5522

17911 VON KARMAN  
300  
IRVINE CA 92714  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/06/1972

3a. Date of Last Report

04/21/1995

4. FEI Number

59-1439766

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

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

*[Signature]*

D.F. Hickey, Asst. Secretary

4-12-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
MAUDSLEY, RONALD R.  
280 WEKIVA SPRINGS RD  
LONGWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

T  
NEUREUTER, HOLLY  
280 WEKIVA SPRINGS ROAD, #148  
LONGWOOD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD  
FOLEY, WILLIAM P I  
17911 VON KARMAN, SUITE 500  
IRVINE CA

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

D  
CALINDA, LAURENCE E  
17911 VON KARMAN, SUITE 500  
IRVINE CA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

V  
GLENN, SUSAN KAY  
615 N.E. 124TH STREET  
NORTH MIAMI FL

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

S  
MCCABE, JOSEPH V  
17911 VON KARMAN, SUITE 300  
IRVINE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President and Director ☒ Change ☐ Add on

1.2 NAME

Maudsley, Ronald R.

1.3 STREET ADDRESS

17911 Von Karman Ave., #300

1.4 CITY - ST - ZIP

Irvine CA 92714

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

000001783300

-04/17/96--01017--017

\*\*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96

714/622-4333

CR2E034 (12/95)