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Mar 11 1997 8:00am  
Secretary of State

•PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 410234 (9)

1. Corporation Name  
GULF STREAM TITLE COMPANY OF MIAMI

Principal Place of Business  
615 NE 124 ST  
PO BOX 357  
NORTH MIAMI FL 33161-5522

Mailing Address  
17911 VON KARMAN  
300  
IRVINE CA 92614-6253  
US



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
10/06/1972

3a. Date of Last Report  
04/16/1996

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME MAUDSLEY, RONALD R.  
STREET ADDRESS 17911 VON KARMAN AVE. #300  
CITY- ST- ZIP IRVINE CA 92714

TITLE T ☐ DELETE  
NAME NEUREUTER, HOLLY  
STREET ADDRESS 280 WEKIVA SPRINGS ROAD, #148  
CITY- ST- ZIP LONGWOOD FL

TITLE CD ☐ DELETE  
NAME FOLEY, WILLIAM P I  
STREET ADDRESS 17911 VON KARMAN, SUITE 500  
CITY- ST- ZIP IRVINE CA

TITLE V ☐ DELETE  
NAME GLENN, SUSAN KAY  
STREET ADDRESS 615 N.E. 124TH STREET  
CITY- ST- ZIP NORTH MIAMI FL

TITLE S ☐ DELETE  
NAME KANE, M'LISS JONES  
STREET ADDRESS 17911 VON KARMAN STE 300  
CITY- ST- ZIP IRVINE CA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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:

M'LISS JONES KANE, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

(714) 622-4326

Date

Daytime Phone #

CR2E034 (9/96)