	·-				
COF	PROFIT RPORATION UAL REPORT	SOLVED, MINIMUM AMOUNT DI	AUGUST 7, 1996. JE TO REINSTATE: \$375 RIMENT OF STATE B. Mortham	1.)	
AMM	1996	7.7	ry of State CORPORATIONS		
DOCH					
1. Corporation	on Name	\- /			
FIRST	AMERICAN TITLE COMPA	NY OF FLORIDA, INC.		I IEBHAR BHAR ANNA MAIR MAN ARNI RA	li Bidis Bidis di Dis di Bis di Digu dedici sadi
Principal Plac	e of Business	Mailing Address			
2907 REIMIN TALLAHASSI US	IGTON GREEN CIRCLE EE FL 32308	2807 REMINGTON GREE TALLAHASSEE FL 32308 US			
				 Date Incorporated or Qualified 08/07/1979 	3a. Date of Last Report 04/26/1995
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2667930	Applied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	6	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Ziρ	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25 9. Name and Address of Curre	nt Registered Agent	30	Florida Statutes 10. Name and Address of New Reg	Yes No
	DNWAY, MICHAEL		81 Name	The state of the s	istered Agent
	07 remington Green Circl Llahassee FL 32308	E	82 Street A	ddress (P.O. Box Number is Not Acceptable	2)
			83		, , , , , , , , , , , , , , , , , , , ,
			84 City		FL 85 Zip Code
11. Pursuant i office or re agent I at	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607,1508, Florida Statute of Florida, Such change was a pations of, Section 607,0505, Flor	s, the above-named co athorized by the corpor ida Statutes	orporation submits this statement for the pur ation's board of directors. I hereby accept t	
SIGNATURE	Signature, typed or printed name of registered ag			**************************************	
12.	OFFICERS AT	ND DIRECTORS	Registered Agent signature re 13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE NAME	d Cason, John N	DELETE	1 1 TIFLE	D	ERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS	510 BIENVILLE STREET		1.2 NAME 1.3 STREET ADDRESS	CASBON, JOHN N. 510 BIENVILLE STREET	[8
CITY-ST-ZIP			1 4 CITY - ST - ZIP	NEW ORLEANS, LA 701	30 (Spelling)
TITLE NAME	PD Conway, Michael	DELETE	2 1 TITLE	S	Change X Addition C
STREET ADDRESS	AAAN BIN WAARAN AAAAN		2 2 NAME 2 3 STREET ADDRESS	ALEX RICKS	
CITY - ST - ZIP	TALLAHASSEE FL		2 4 CITY - ST-ZIP	255 N. LIBERTY STREET JACKSONVILLE, FL 32202	
TITLE	VSD	X DELETE	3.1 TITLE	DACKSAVVIIIIE, FI 322	Change Add-tion
NAME OTREET ADDRESS	JANNEN, KENNETH R		3 2 NAME		
STREET ADDRESS CITY-ST-ZIP	6600 N.W. 16TH ST., #4 PLANTATION FL		3 3 STREET ADDRESS		
TITLE	AS	DELETE	3.4 CITY-SI-ZIP 41 TITLE		Change Addition
NAME	ZEIGLER, BILLYE H		4 2 NAME		C Sugarde C Monitori
STREET ADDRESS	2807 REMINGTON GREEN (CIRCLE	43 STREET AUDRESS		
CITY-ST-ZIP TITLE	TALLAHASSEE FL	DELETE	4.4 C-TY - ST - ZIP	7744	
NAME		ריין מברכוב	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
			6.3 STREET ADDRESS		

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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING SPRICER OR DIRECTOR.

Diagrams Prince Printed Pr