FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 21 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F40395

1. Corporation Name

Title Security of Brevard, Inc.

Principal Place of Business
1901 Highway AiA, Suite 1
Indian Harbour Beach, FL
32932-4207

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/11/81

4. FEI Number
59-2104112

Applied For / Not Applied

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 Owes the Current Year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 First American Title Insurance Company
Suite, Apt. #, etc.
27 2075 Centre Pointe Blvd.
City & State
28 Tallahassee, FL 32308
Zip 29 Country 30

9. Name and Address of Current Registered Agent

Linda Jean Martin
1901 Highway AIA, Suite 1
Indian Harbour Beach, FL 32937-4207

10. Name and Address of New Registered Agent

81 Name
John T. LaJoie
82 Street Address (P.O. Box Number is Not Acceptable)
First American Title Insurance Company
83
2075 Centre Pointe Blvd.
84 City
Tallahassee FL 85 Zip Code 32308

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 John T. LaJoie — John T. LaJoie — Date 4/13/99

12. OFFICERS AND DIRECTORS

TITLE	D	X DELETE
NAME	Linda J. Martin	
STREET ADDRESS	715 Puesta Del Sol	
CITY-ST-ZIP	Indialantic, FL	
TITLE	P/V	X DELETE
NAME	Linda J. Martin	
STREET ADDRESS	715 Puesta Del Sol	
CITY-ST-ZIP	Indialantic, FL	
TITLE	T	X DELETE
NAME	Jonathon D. Martin	
STREET ADDRESS	715 Puesta Del Sol	
CITY-ST-ZIP	Indialantic, FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/P	X Change [ ] Add
NAME	Michael W. Conway	
STREET ADDRESS	2075 Centre Pointe Blvd.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	S	[ ] Change [X] Add
NAME	John T. LaJoie	
STREET ADDRESS	2075 Centre Pointe Blvd.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: 4/14/99 (850) 402-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #