

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

0554666

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90218 049 ***150.00

DOCUMENT # F98000000350

1. Corporation Name

FIRST AMERICAN NATIONAL FINANCIAL GROUP, INC.

Principal Place of Business

9637 ARROW ROUTE SUITE A
RANCHO CUCAMONGA CA 91730

Mailing Address

9637 ARROW ROUTE SUITE A
RANCHO CUCAMONGA CA 91730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

33-0732384

☒ 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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 20 N. ORANGE AVE.

Suite, Apt. #, etc.

22 #14th FLOOR

City & State

23 ORLANDO, FLORIDA

Zip

24 32801

Country

2a. Mailing Address

26 9637 ARROW RTE.

Suite, Apt. #, etc.

27 A

City & State

28 RANCHO CUCAMONGA, CA

Zip

29 91730

Country

30 SAN BERNARDINO

9. Name and Address of Current Registered Agent

RUGAMAS, REYNALDO
20 NORTH ORANGE AVE., 14TH FL
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

REYNALDO RUGAMAS

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

#20 NORTH ORANGE AVE. 14th FLOOR

83

84 City

ORLANDO

FL

85 Zip Code

32801

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-99

12. OFFICERS AND DIRECTORS

TITLE PVCD ☐ DELETE

NAME JOHNSON, LYNN

STREET ADDRESS 6148 VALINDA

CITY-ST-ZIP ALTA LOMA CA

TITLE VCSD ☐ DELETE

NAME HOLGOSN, ANTOINETTE

STREET ADDRESS 5673 BONITA

CITY-ST-ZIP RANCHO CUCAMONGA CA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-99 (909) 944-5525

CR2E034 (11/98)