FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **G59230** (4)

1. Corporation Name

FIRST SOUTHWESTERN TITLE COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
2250 LUCIEN WAY 200 MAITLAND FL 32751 US	2250 LUCIEN WAY 200 MAITLAND FL 32751 US

3. Date Incorporated or Qualified: 09/12/1983
3a. Date of Last Report: 05/01/1995
4. FEI Number: 58-1530586 ☐ 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

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ANITA, DANA C.
2250 LUCIEN WAY STE 200
~~PH 34-C~~
MAITLAND FL 32751

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	KAYTON,DAVID	
STREET ADDRESS	2128 N. BAY RD.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	☐ DELETE
NAME	ANITA, DANA C.	
STREET ADDRESS	2250 LUCIEN WAY #200	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VAS	☒ DELETE
NAME	AMY, RABROVITZ	
STREET ADDRESS	2250 LUCIEN WAY STE 200	
CITY-ST-ZIP	MAITLAND FL	
TITLE	V	☐ DELETE
NAME	KAREN LEE GRIMES	
STREET ADDRESS	2250 LUCIEN WAY STE 200	
CITY-ST-ZIP	MAITLAND FL	
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	Vice President	☐ Change ☒ Addition
1.2 NAME	Matthew Kayton	
1.3 STREET ADDRESS	5430 NW 33rd Ave, #103	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
2.1 TITLE	Secretary	☐ Change ☒ Addition
2.2 NAME	Tonya Scott	
2.3 STREET ADDRESS	5430 NW 33rd Ave #103	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL. 33309	
3.1 TITLE	Asst. Vice President	☐ Change ☒ Addition
3.2 NAME	Vicky P. Preston	
3.3 STREET ADDRESS	2250 Lucien Way #200	
3.4 CITY-ST-ZIP	Maitland, FL. 32751	
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 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: Anita C. [signature] 4/30/96 407-660-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)