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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G79993

(3)

STEWART TITLE OF MIAMI, INC.

FILED
Feb 28 1997 8:00am
Secretary of State

|--|

Principal Place of Business 2701 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES FL 33134-6020 2. Principal Place of Business 21		28. Mailing Address 26. Stewart Title Suite, Apt. #, etc. 20227 3401 West Cyr City & State	2701 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES FL 33134-6020 2a. Maiing Address 2b Stewart Title Guaranty Co, Suite, Apt. #, etc. 27 3401 West Cypress St. City & State 28 Tampa, Florida		3. Date Incorporated or Qualific 01/25/1984 4. FEI Number 59-2366066 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	ed 3a. Da 02/1	Date of Lest Report 02/19/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
33607	\$	29 36607	Countr	borough	This corporation has liability Florida Statutes		tax under s] No	. 199.032,	
24 33007	9. Name and Address of Curre		130/111216	porougn	10. Name and Address of New				
340	KMAN, HAROLD E. I WEST CYPRESS ST., SUITE 1 IPA FL 33607	01	81	Street Add	ress (P.O. Box Number is Not Acce	ptable)			
			84	City		FL	85 Zip	Code	
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature typed or purper name of registered by OCHOCERS AN				red when reinstating) ADDITIONS/CHANGES TO O	DATE			
12.	D	DELETE	13.	P		FFICERS AND	Change	Addition	
NAME STREET ADORESS CITY-ST-ZIP	HICKMAN, HAROLD E. 3401 WEST CYPRESS ST., SI TAMPA FL STX	Editor -	1.2 NAME	T ADDRESS ST-ZIP	/D		Change	✓ Addition	
CXPREXXXXXX STREET ADDRESS CITY - S1 - ZIP	zs <mark>óðíkk: Alexandba</mark> x 278 krónose beteok: Bekvo X <mark>oobat: Garkes</mark> k rikkx	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2.2 NAME 2.3 STREE 2. 4 CITY	1 ADDRESS 2	onald Rentz 555 Palm Beach Lake est Palm Beach, Fl		-		
NAME STREET ADDRESS CITY-ST-ZIP	XVP XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CSTRICK1	3.1 Y(TLE 3.2 NAME 3.3 SYREE 3.4. CITY-	T ADDRESS			L Change	Additio	
THLE NAME STHEEL ADDRESS CITY - S1 - ZIP	By POWNISENBY, KENNIETH XXX 1968: PAWA BRACH (WANEE) BI WRSTY, PAWA BEYY, FEXX	DELETE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	4.1 TITLE 4. 2 NAM	T ADDRESS			Change	Additio	
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ DELFTE	5.1 TITLE 5.2 NAME	7 ADDRESS			Change	Addition	
TUTLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6.1 TITLE 6.2 NAME	T ADDRESS			Change	Addilio	

4. To nerethy certify that the information spiplied 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 it or suppliemental 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 chapter 607, or on an attachment with an address.

SIGNATURE:

ATON AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-876-0619