

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J81208** (7)

1. Corporation Name

STEWART TITLE OF FORT LAUDERDALE, INC.

Principal Place of Business

**600 CORPORATE DRIVE
SUITE 101
FT LAUDERDALE FL 33334**

Mailing Address

**600 CORPORATE DRIVE
SUITE 101
FT LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1987

3a. Date of Last Report

02/23/1994

4. FEI Number

65-0003888

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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**HICKMAN, HAROLD
3401 W. CYPRESS, STE 101
TAMPA FL 33607**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **TOWNSEND, KENNETH L.**
STREET ADDRESS **1555 PALM BEACH LAKES BLVD., SUITE 100**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **CD**
NAME **HICKMAN, HAROLD**
STREET ADDRESS **3401 WEST CYPRESS, STE 101**
CITY-ST-ZIP **TAMPA FL**

TITLE **VPC**
NAME **~~SNYDER, SANDRA~~**
STREET ADDRESS **~~600 CORPORATE DRIVE, STE 101~~**
CITY-ST-ZIP **~~FT. LAUDERDALE FL~~**

TITLE **D**
NAME **HICKMAN, JIMMY**
STREET ADDRESS **3401 W. CYPRESS, STE 101**
CITY-ST-ZIP **TAMPA FL**

TITLE **D**
NAME **HAYES, THOMAS A.**
STREET ADDRESS **1800 AUSTRALIAN AVE, SOUTH STE 201**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 agent 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:

Kenneth L. Townsend / President

4-91-95

407 686-8530