

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 # **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**

3. Date Incorporated or Qualified

06/29/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 **6610 N. University Drive**

Suite, Apt. #, etc.
22 **Suite 100**

City & State
23 **Tamarac, FL**

Zip
24 **33321-4000**

Country
25 **USA**

2a. Mailing Address

26 **6610 N. University Drive**

Suite, Apt. #, etc.
27 **Suite 100**

City & State
28 **Tamarac, FL**

Zip
29 **33321-4000**

Country
30 **USA**

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 ☐

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP **33401-2344**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

VICE-PRESIDENT

Darlene Krause

**6610 N. University Dr., Suite 100
Tamarac, FL 33321-4000**

Secretary

Ann McKay Mauser

**1555 Palm Beach Lakes Blvd., Suite 100
West Palm Beach, FL 33401-2344**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth L. Townsend, President

2/14/96

(407) 686-8530

Date

Daytime Phone

CR2E034 (12/95)