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FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

3401 WEST CYPRESS ST  
SUITE 202  
TAMPA FL 33607  
US

Mailing Address

STEWART TITLE GUARANTY CO  
3401 W CYPRESS STREET  
TAMPA FL 33607  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1987

4. FEI Number

65-0003888

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS  
NAME RENTZ, RONALD  
STREET ADDRESS 1555 PALM BEACH LAKES BLVD  
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE PD  
NAME HICKMAN, HAROLD  
STREET ADDRESS 3401 WEST CYPRESS, STE 101  
CITY-ST-ZIP TAMPA FL ☐ DELETE

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

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

TITLE V  
NAME KRAUSE, DARLENE  
STREET ADDRESS 6610 N UNIVERSITY DR, SUITE 100  
CITY-ST-ZIP TAMARAC FL ☒ DELETE

TITLE S  
NAME MAUSER, ANN MCKAY  
STREET ADDRESS 1555 PALM BCH LAKES BLVD, SUITE 100  
CITY-ST-ZIP WEST PALM BCH FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

CP2E034 (10/97)