4-14-97 B-455-3 C

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L93435** (0)

1. Corporation Name
ADVOCATE TITLE INSURANCE, INC.

Principal Place of Business	Mailing Address
~~1031 N MIAMI BEACH BLVD~~ ~~NORTH MIAMI BEACH FL 33162~~	~~1031 N MIAMI BEACH BLVD~~ ~~NORTH MIAMI BEACH FL 33162-3842~~

3. Date Incorporated or Qualified: 08/15/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 2875 NE. 191 St.	26 2875 NE. 191 St.
22 Suite 500	27 Suite 500
23 Aventura FL	28 Aventura FL
24 33180 25 USA	29 33180 30 USA

4. FEI Number: 65-0211534 ☐ 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

ROSENTHAL, KERRY E.
~~1031 NORTH MIAMI BEACH BLVD.~~
~~NORTH MIAMI BEACH FL 33162~~

10. Name and Address of New Registered Agent

81 Name: Kerry E Rosenthal
82 Street Address (P.O. Box Number is Not Acceptable): 2875 NE. 191 St.
83 Suite 500
84 City: Aventura FL 85 Zip Code: 33180

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] 1/24/97
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~ ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~ROSENTHAL, ALAN S~~	1.2 NAME	
STREET ADDRESS	~~1031 N MIAMI BEACH BLV~~	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~N MIAMI BEACH FL~~	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	Director ☒ Change ☐ Addition
NAME	ROSENTHAL, KERRY E	2.2 NAME	Kerry E Rosenthal
STREET ADDRESS	~~1031 N MIAMI BEACH BLV~~	2.3 STREET ADDRESS	2875 NE. 191 St, Ste 500
CITY-ST-ZIP	~~N MIAMI BEACH FL~~	2.4 CITY-ST-ZIP	Aventura FL 33180
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: [signature] REQUIRED 1/24/97 305-937-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0221395