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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # M27388 (1)

1. Corporation Name

NETWORK TITLE INSURANCE AGENCIES OF FLORIDA, INC

Principal Place of Business	Mailing Address
1101 BRICKELL AVENUE P. O. BOX 01-5002 MIAMI FL 33131-3104	2390 E CAMELBACK RD SUITE 315 PHOENIX AZ 85016

3. Date Incorporated or Qualified: 02/13/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 280 Wekiva Springs, #148 Longwood, FL 32779
2a. Mailing Address (26): 17911 Von Karman, Suite 300 Irvine, CA 92714

4. FEI Number: 59-2658555 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23)
City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PERNA, LANCE E 1101 BRICKELL AVE MIAMI FL 33131	81 Name: Karla J. Staker 82 Street Address (P.O. Box Number is Not Acceptable): 280 Wekiva Spring Road, #148 83 84 City: Longwood FL 85 Zip Code: 32779

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: Karla J. Staker — Karla J. Staker — 3/29/95
(Signature, typed or printed 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	T	11 TITLE	T ☒ Change ☐ Addition
NAME	BECK, TERRI E.	12 NAME	STRUNK, CARL A.
STREET ADDRESS	1101 BRICKELL AVENUE	13 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	IRVINE, CA 92714
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	CALINDA, LAURENCE E	22 NAME	
STREET ADDRESS	2100 E MAIN ST SUITE 400	23 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	IRVINE CA 92714	24 CITY-ST-ZIP	IRVINE, CA 92714
TITLE	VS	31 TITLE	S ☒ Change ☐ Addition
NAME	MURPHY, KATHLEEN D	32 NAME	McCABE, JOSEPH V.
STREET ADDRESS	1101 BRICKELL AVENUE	33 STREET ADDRESS	17911 VON KARMAN, SUITE 300
CITY-ST-ZIP	MIAMI FL 33131	34 CITY-ST-ZIP	IRVINE, CA 92714
TITLE	DPC	41 TITLE	DP ☒ Change ☐ Addition
NAME	MAUDSLEY, RONALD R.	42 NAME	MAUDSLEY, RONALD R.
STREET ADDRESS	280 WEKIVA SPRINGS RD	43 STREET ADDRESS	280 WEKIVA SPRINGS RD., Suite 148
CITY-ST-ZIP	LONGWOOD FL 32779	44 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	D	51 TITLE	DC ☒ Change ☐ Addition
NAME	FOLEY, WILLIAM P II	52 NAME	
STREET ADDRESS	2100 SE MAIN STREET SUITE 400	53 STREET ADDRESS	17911 VON KARMAN, SUITE 500
CITY-ST-ZIP	IRVINE CA	54 CITY-ST-ZIP	IRVINE, CA 92714
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

4/5/95

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARL A. STRUNK

3/3/95 (714) 622-4333
Date Daytime Phone #

0478407 FP