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Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
280 WEKIVA SPRING # 148  
LONGWOOD FL 32779

Mailing Address  
17911 VON KARMAN.  
# 300  
IRVINE CA 92614-6253



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/13/1986

3a. Date of Last Report

07/02/1996

4. FEI Number

59-2658555

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

10. Name and Address of New Registered Agent

STAKER, KARLA J  
280 WEKIVA SPRING ROAD,  
# 148  
LONGWOOD FL 32779

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME: STONEK, PATRICK F  
STREET ADDRESS: 17911 VON KARMAN., SUITE 500  
CITY-ST-ZIP: IRVINE CA 92714

TITLE DX ☐ DELETE

NAME: KANE, M'LISS JONES  
STREET ADDRESS: 17911 VON KARMAN., SUITE 300  
CITY-ST-ZIP: IRVINE CA 92714

TITLE V ☐ DELETE

NAME: PUZDER, ANDREW F  
STREET ADDRESS: 17911 VON KARMAN., SUITE 300  
CITY-ST-ZIP: IRVINE CA 92714

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

1.1 TITLE P ☒ Change ☒ Addition

1.2 NAME  
1.3 STREET ADDRESS: 3938 State Street, 2nd Floor  
1.4 CITY-ST-ZIP: Santa Barbara, Ca 93105

2.1 TITLE SVP ☒ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS: Irvine, CA 92614  
2.4 CITY-ST-ZIP:

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS: Irvine, CA 92614  
3.4 CITY-ST-ZIP:

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME: William P. Foley, II  
4.3 STREET ADDRESS: 17911 Von Karmen, Suite 500  
4.4 CITY-ST-ZIP: Irvine, CA 92614

5.1 TITLE DVP ☐ Change ☒ Addition

5.2 NAME: Ronald R. Maudsley  
5.3 STREET ADDRESS: 3938 State Street, 2nd Floor  
5.4 CITY-ST-ZIP: Santa Barbara, CA 93105

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

M'LISS JONES KANE, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

Date

(714) 622-4326

Daytime Phone #

CR2E034 (9/96)