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May 21, 1999 8:00 am
Secretary of State

05-21-1999 90003 008 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>p93000070021</u>			
1. Corporation Name <u>First National Title Insurance, Inc.</u>			
Principal Place of Business <u>116 North Federal Hwy Deerfield Beach FL 33441</u>		Mailing Address <u>Same</u>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <u> </u>		2a. Mailing Address 26 <u> </u>	
Suite, Apt. #, etc. 22 <u>Delete Suite 101</u>		Suite, Apt. #, etc. 27 <u>Delete Suite 101</u>	
City & State 23 <u> </u>		City & State 28 <u> </u>	
Zip 24 <u> </u>		Zip 29 <u> </u>	
Country 25 <u> </u>		Country 30 <u> </u>	
9. Name and Address of Current Registered Agent <u>Shanahan, Patrick C 1480 NW 14th Ave Boca Raton FL 33486</u>		10. Name and Address of New Registered Agent 81 Name <u>Patrick C Shanahan</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>116 North Federal Hwy</u> 83 <u> </u> 84 City <u>Deerfield Beach</u> FL 85 Zip Code <u>33441</u>	
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 <u>Patrick C Shanahan</u> DATE <u>5/17/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>Std</u> <input type="checkbox"/> DELETE NAME <u>Shanahan, Patrick</u> STREET ADDRESS <u>1480 NW 14th Ave</u> CITY-ST-ZIP <u>Boca Raton FL 33486</u>		1.1 TITLE <u>STD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <u>Shanahan, Patrick</u> 1.3 STREET ADDRESS <u>6174 NW 123 Lane</u> 1.4 CITY-ST-ZIP <u>Coral Springs FL 33076</u>	
TITLE <u>P</u> <input type="checkbox"/> DELETE NAME <u>Castagnolo, Caroline</u> STREET ADDRESS <u>1480 NW 14th Ave</u> CITY-ST-ZIP <u>Boca Raton FL 33486</u>		2.1 TITLE <u>P</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <u>Castagnolo, Caroline</u> 2.3 STREET ADDRESS <u>6174 NW 123 Lane</u> 2.4 CITY-ST-ZIP <u>Coral Springs FL 33076</u>	
TITLE <u> </u> <input type="checkbox"/> DELETE NAME <u> </u> STREET ADDRESS <u> </u> CITY-ST-ZIP <u> </u>		3.1 TITLE <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <u> </u> 3.3 STREET ADDRESS <u> </u> 3.4 CITY-ST-ZIP <u> </u>	
TITLE <u> </u> <input type="checkbox"/> DELETE NAME <u> </u> STREET ADDRESS <u> </u> CITY-ST-ZIP <u> </u>		4.1 TITLE <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <u> </u> 4.3 STREET ADDRESS <u> </u> 4.4 CITY-ST-ZIP <u> </u>	
TITLE <u> </u> <input type="checkbox"/> DELETE NAME <u> </u> STREET ADDRESS <u> </u> CITY-ST-ZIP <u> </u>		5.1 TITLE <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <u> </u> 5.3 STREET ADDRESS <u> </u> 5.4 CITY-ST-ZIP <u> </u>	
TITLE <u> </u> <input type="checkbox"/> DELETE NAME <u> </u> STREET ADDRESS <u> </u> CITY-ST-ZIP <u> </u>		6.1 TITLE <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <u> </u> 6.3 STREET ADDRESS <u> </u> 6.4 CITY-ST-ZIP <u> </u>	

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, with all other like empowered.

SIGNATURE: Patrick C Shanahan DATE 5/17/99 DAYTIME PHONE # 954 2334663 x204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)