

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000009135 (9)

1. Corporation Name

GUARDIAN TITLE INSURANCE COMPANY OF FLORIDA

Principal Place of Business

2701 SOUTH BAYSHORE DRIVE, SUITE 315
MIAMI BEACH FL 33133

Mailing Address

2701 SOUTH BAYSHORE DRIVE, SUITE 315
MIAMI BEACH FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1997

4. FEI Number

105-0744838

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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Taylor & Equisquiza, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
2701 South Bayshore Drive
83 Suite 315
84 City Miami FL 85 Zip Code 33133

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 Neil Taylor
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-28-98
DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME TAYLOR, NEIL G
STREET ADDRESS 2701 SOUTH BAYSHORE DRIVE, SUITE 315
CITY-ST-ZIP MIAMI BEACH FL 33133

TITLE VSD ☐ DELETE

NAME MCJOYNT, TIMOTHY J
STREET ADDRESS 2701 SOUTH BAYSHORE DRIVE, SUITE 315
CITY-ST-ZIP MIAMI BEACH FL 33133

TITLE Secretary-Director ☐ DELETE

NAME Equisquiza, John E
STREET ADDRESS 2701 South Bayshore Drive, Suite 315
CITY-ST-ZIP Miami, Florida 33133

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Pres., Director ☒ Change ☐ Addition

1.2 NAME Taylors, Neil G.

1.3 STREET ADDRESS 2701 South Bayshore Drive, Suite 315

1.4 CITY-ST-ZIP Miami, FL 33133

2.1 TITLE Vice President / Director ☒ Change ☐ Addition

2.2 NAME McJoynt, Timothy J.

2.3 STREET ADDRESS 2701 South Bayshore Drive, Suite 315

2.4 CITY-ST-ZIP Miami, Florida 33133

3.1 TITLE Secretary / Director ☐ Change ☒ Addition

3.2 NAME Equisquiza, John E

3.3 STREET ADDRESS 2701 South Bayshore Drive, Suite 315

3.4 CITY-ST-ZIP Miami FL 33133

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***550.00 ***550.00
☐ Change ☐ Addition

10/21

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: Alexander

9-28-98 (305) 858-2233

APPROVED
AND
FILED

98 OCT 21 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E034 (5/98)