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Jun 19, 1999 8:00 am
Secretary of State

06-19-1999 90003 050 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000080794 (5)

1. Corporation Name

FIRST AMERICAN FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

5353 N FEDERAL HWY, SUITE 300-A
FT LAUDERDALE FL 33308

5353 N FEDERAL HWY, SUITE 300-A
FT LAUDERDALE FL 33308

900 N. FEDERAL HWY STE. 200
BOCA RATON, FL. 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1997

4. FEI Number

650781904

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CONNELLY, JAMES
3401 SPANISH TRAIL, SUITE 252-G
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

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

TITLE PD
NAME LOSACCO, LORRAINE
STREET ADDRESS 2555 NE 11TH ST, SUITE 405
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE VD
NAME CONNELLY, MICHAEL
STREET ADDRESS 2800 SW NATURA BLVD #B
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE SD
NAME CONNELLY, MICHAEL
STREET ADDRESS 2800 SW NATURA BLVD #B
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME SPYDRA SCHAB
1.3 STREET ADDRESS 3639 MOULDER RD.
1.4 CITY-ST-ZIP BOCA RATON, FL

2.1 TITLE VICE PRESIDENT
2.2 NAME JOHN LOSACCO
2.3 STREET ADDRESS 5010 H LIGHTHOUSE CIRCLE
2.4 CITY-ST-ZIP C. CANE, FL 33063

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
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

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:

SIGNATURE REQUIRED NAME LOSACCO

6/18/99 561-362-7715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0304904

CR2E034 (10/97)