

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 17 1996 8:00 am  
Secretary of State

**DOCUMENT # P11891 (9)**  
1. Corporation Name  
**FIDELITY NATIONAL TITLE INSURANCE COMPANY**



Principal Place of Business <b>17911 VON KARMAN SUITE 300 IRVINE CA 92714 US</b>		Mailing Address <b>17911 VON KARMAN SUITE 300 IRVINE CA 92714 US</b>	
2. Principal Place of Business		2a. Mailing Address	
3. Date Incorporated or Qualified <b>10/23/1986</b>		3a. Date of Last Report <b>03/10/1995</b>	
4. FEI Number <b>86-0417131</b>		Applied For Not Applicable	

21	26	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30	

9. Name and Address of Current Registered Agent <b>THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301</b>				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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLEY, WILLIAM P. II	1.2 NAME	M'Liss Jones Kane
STREET ADDRESS	17911 VON KARMAN, STE. 500	1.3 STREET ADDRESS	17911 Von Karman Ste. 300
CITY-ST-ZIP	IRVINE CA	1.4 CITY-ST-ZIP	Irvine CA 92714
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLEY, FRANK P.	2.2 NAME	Patrick Stone
STREET ADDRESS	17911 VON KARMAN, STE 500	2.3 STREET ADDRESS	17911 Von Karman, Ste 500
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	Irvine CA 92714
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, CYNTHIA J.	3.2 NAME	
STREET ADDRESS	2390 E CAMELBACK #315	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	3.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUNK, CARL A.	4.2 NAME	
STREET ADDRESS	17911 VON KARMAN, STE. 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIRK, RAYMOND R.	5.2 NAME	
STREET ADDRESS	17911 VON KARMAN, STE. 500	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GALINDA, LAURENCE E.</del>	6.2 NAME	
STREET ADDRESS	<del>17911 VON KARMAN, STE. 500</del>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<del>IRVINE CA</del>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ Date: **4/8/96** Daytime Phone #: **(714) 622-4333**

CR2E034 (12/95)