

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 19 1997 8:00 am
Secretary of State

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



Principal Place of Business 17911 VON KARMAN SUITE 300 IRVINE CA 92714 US	Mailing Address 17911 VON KARMAN SUITE 300 IRVINE CA 92614-6253 US
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3. Date Incorporated or Qualified 10/23/1986	3a. Date of Last Report 04/17/1996
4. FEI Number 86-0417131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	PDC <input type="checkbox"/> DELETE
NAME	FOLEY, WILLIAM P. II
STREET ADDRESS	17911 VON KARMAN, STE. 500
CITY-ST-ZIP	IRVINE CA
TITLE	VD <input type="checkbox"/> DELETE
NAME	WILLEY, FRANK P.
STREET ADDRESS	17911 VON KARMAN, STE 500
CITY-ST-ZIP	IRVINE CA
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	HUNT, CYNTHIA J.
STREET ADDRESS	2390 E CAMELBACK #315
CITY-ST-ZIP	PHOENIX AZ
TITLE	VTD <input type="checkbox"/> DELETE
NAME	STRUNK, CARL A.
STREET ADDRESS	17911 VON KARMAN, STE. 500
CITY-ST-ZIP	IRVINE CA
TITLE	D <input type="checkbox"/> DELETE
NAME	QUIRK, RAYMOND R.
STREET ADDRESS	17911 VON KARMAN, STE. 500
CITY-ST-ZIP	IRVINE CA
TITLE	S <input type="checkbox"/> DELETE
NAME	M'LISS JONES KANE
STREET ADDRESS	17911 VON KARMAN STE 300
CITY-ST-ZIP	IRVINE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCEO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Irvine, CA 92614
2.1 TITLE	DEVP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Irvine, CA 92614
3.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patrick F. Stone
3.3 STREET ADDRESS	3938 State Street, 2nd Floor
3.4 CITY-ST-ZIP	Santa Barbara, CA 93105
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Irvine, CA 92614
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	3938 State Street, 2nd Floor
5.4 CITY-ST-ZIP	Santa Barbara, CA 93105
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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*
M'Liss Jones Kane, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **1/16/97** Daytime Phone #: **(714) 622-4326**

CR2E034 (9/96)

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THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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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: _____ DATE: _____
NOTE: Registered agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDC	<input type="checkbox"/> DELETE	1.1 TITLE: DCEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: FOLEY, WILLIAM P. II		1.2 NAME: _____	
STREET ADDRESS: 17911 VON KARMAN, STE. 500		1.3 STREET ADDRESS: _____	
CITY-ST-ZIP: IRVINE CA		1.4 CITY-ST-ZIP: Irvine, CA 92614	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE: DEVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WILLEY, FRANK P.		2.2 NAME: _____	
STREET ADDRESS: 17911 VON KARMAN, STE 500		2.3 STREET ADDRESS: _____	
CITY-ST-ZIP: IRVINE CA		2.4 CITY-ST-ZIP: Irvine, CA 92614	
TITLE: VS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HUNT, CYNTHIA J.		3.2 NAME: Patrick F. Stone	
STREET ADDRESS: 2390 E CAMELBACK #315		3.3 STREET ADDRESS: 3938 State Street, 2nd Floor	
CITY-ST-ZIP: PHOENIX AZ		3.4 CITY-ST-ZIP: Santa Barbara, CA 93105	
TITLE: VTD	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input checked="" 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: Irvine, CA 92614	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input checked="" 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: 3938 State Street, 2nd Floor	
CITY-ST-ZIP: IRVINE CA		5.4 CITY-ST-ZIP: Santa Barbara, CA 93105	
TITLE: S	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: M'LISS JONES KANE		6.2 NAME: _____	
STREET ADDRESS: 17911 VON KARMAN STE 300		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: IRVINE CA		6.4 CITY-ST-ZIP: _____	

14. I do hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on the 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 has an officer or member 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 I changed, or on an attachment with an address.

SIGNATURE: *M'Liss Jones Kane* **M'Liss Jones Kane, Secretary** 1/16/97 (714) 622-4326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)