


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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90018 011 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 259960**  
 1. Corporation Name  
**COLUMBIA TITLE OF FLORIDA INC**



Principal Place of Business 1826 PONCE DE LEON BL CORAL GABLES FL 33134	Mailing Address 1826 PONCE DE LEON BL CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	06/14/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		59-1004119	
Zip		Country		5. Certificate of Status Desired	
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No \$8.75 Additional Fee Required	
3146		USA		6. Election Campaign Financing	
				<input type="checkbox"/> Yes <input type="checkbox"/> No \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZELL, ESQ GREGORY T 3231 MARY ST MIAMI FL 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
Coral Gables		FL		33146			

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 Ronald A. Shuffield, Sec. Treas. Carol R. Shuffield DATE 3/31/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, MARJORIE S	Change	1.2 NAME	Allen C. Harper	/ D
STREET ADDRESS	1826 PONCE DE LEON BL		1.3 STREET ADDRESS	1360 South Dixie Hwy.	
CITY-ST-ZIP	CORAL GABLES, FL 00000		1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, ROGER		2.2 NAME	Douglas L. Yount	
STREET ADDRESS	7935 SW 86 ST. #APT 828		2.3 STREET ADDRESS	1360 South Dixie Hwy.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Coral Gables, Florida 33146	
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, JOYCE		3.2 NAME	James E. Newmeyer	
STREET ADDRESS	1826 PONCE DE LEON BL		3.3 STREET ADDRESS	1360 South Dixie Hwy.	
CITY-ST-ZIP	CORAL GABLES, FL 00000		3.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	VTS	<input type="checkbox"/> DELETE	4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEANDRADE, MARIA, I	Change	4.2 NAME	Marjorie S. Schwartz	
STREET ADDRESS	1826 PONCE DE LEON BL		4.3 STREET ADDRESS	1826 Ponce de Leon Blvd.	
CITY-ST-ZIP	CORAL GABLES, FL 00000		4.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	ST-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Ronald A. Shuffield	
STREET ADDRESS			5.3 STREET ADDRESS	1360 South Dixie Hwy.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	Maria I Deandrade	
STREET ADDRESS			6.3 STREET ADDRESS	1826 Ponce de Leon Blvd.	
ST ZIP			6.4 CITY-ST-ZIP	Coral Gables, FL 33134	

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: [Signature] DATE: 3/31/99 (305) 444-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)