

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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90015 004 \*\*\*150.00

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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 # H38114**

1. Corporation Name  
**JEFFERSON NATIONAL TITLE INSURANCE COMPANY**



Principal Place of Business 1031 W MORSE BLVD SUITE 140 WINTER PARK FL 32789	Mailing Address 1031 W MORSE BLVD SUITE 140 WINTER PARK FL 32789
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>01/15/1985</b>	
4. FEI Number <b>59-2542469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SWANN, HADLEY & ALVAREZ, P.A.**  
 1031 W MORSE BLVD  
 SUITE 270  
 WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.1502 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]* DATE: **2/16/99**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCAULIFFE, TERRENCE R	
STREET ADDRESS	816 CONNECTICUT AVE NW 11TH FLOOR	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCAULIFFE, DOROTHY S	
STREET ADDRESS	816 CONNECTICUT AVE NW 11TH FLOOR	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'HANLON, JOHN	
STREET ADDRESS	1401 K STREET NW SUITE 400	
CITY-ST-ZIP	WASHINGTON DC 20005	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYDECKER, CHARLIE	
STREET ADDRESS	220 S RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32115-2412	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRSCHENBAUM, MALCOLM	
STREET ADDRESS	402 HIGH POINT DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARWIN, KELLY P JR	
STREET ADDRESS	5104 N ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32810	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	7527 Old Dominion Drive	
1.4 CITY-ST-ZIP	M'Leas, Va 22102	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	7527 Old Dominion Dr.	
2.4 CITY-ST-ZIP	M'Leas, Va 22102	
3.1 TITLE	D & VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard R. Swann	
3.3 STREET ADDRESS	1031 W. Morse Boulevard, Suite 270	
3.4 CITY-ST-ZIP	Winter Park, Florida 32789	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: **2/16/99** DAYTIME PHONE #: **407-644-0826**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)