

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 614678 (1)  
1. Corporation Name  
OLSEN REALTY AND INVESTMENT CORPORATION



Principal Place of Business Mailing Address  
706 S. DIXIE HIGHWAY, 2ND FLOOR 706 S. DIXIE HIGHWAY, 2ND FLOOR  
CORAL GABLES FL 33146 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/01/1979

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0097384	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
24	25	29	30

9. Name and Address of Current Registered Agent

OLSEN, THOMAS W.  
706 S. DIXIE HIGHWAY, 2ND FLOOR  
CORAL GABLES FL 33146

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: *Thomas W. Olsen* 4/28/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	OLSEN, THOMAS W. III	1.2 NAME	
STREET ADDRESS	11820 SW 62 PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	STV	2.1 TITLE	
NAME	OLSEN, SHEILA G.	2.2 NAME	
STREET ADDRESS	11820 SW 62ND PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas W. Olsen* 4/28/98 305-666-2121

CR2E034 (10/97)