


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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 851243 (6) 1. Corporation Name: THE GUARANTEE TITLE AND TRUST COMPANY					
Principal Place of Business 4445 LAKE FOREST DR. SUITE 400 CINCINNATI OH 45242			Mailing Address 4445 LAKE FOREST DR. SUITE 400 CINCINNATI OH 45242-3733		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/09/1981		3a. Date of Last Report 06/25/1996	
4. FEI Number 31-4196950				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							
9. Name and Address of Current Registered Agent BURKS, PAUL E. 325 BELCHER ROAD, N. CLEARWATER FL 34625				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MONGAN, THOMAS H.		1.2 NAME				
STREET ADDRESS	8280 MONTGOMERY RD, STE 201		1.3 STREET ADDRESS				
CITY-ST-ZIP	CINCINNATI OH		1.4 CITY-ST-ZIP				
TITLE	VT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DRIES, WILLIAM		2.2 NAME				
STREET ADDRESS	8280 MONTGOMERY RD, STE 201		2.3 STREET ADDRESS				
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HOGAN, JON P.		3.2 NAME				
STREET ADDRESS	8280 MONTGOMERY RD, STE 201		3.3 STREET ADDRESS				
CITY-ST-ZIP	CINCINNATI OH		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COOK, WILLIAM C.		4.2 NAME				
STREET ADDRESS	8280 MONTGOMERY RD, STE 201		4.3 STREET ADDRESS				
CITY-ST-ZIP	COLUMBUS OH		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ZENNI, JAMES J		5.2 NAME				
STREET ADDRESS	8280 MONTGOMERY RD, STE 201		5.3 STREET ADDRESS				
CITY-ST-ZIP	CINCINNATI OH		5.4 CITY-ST-ZIP				
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BANKER, DAVID C.		6.2 NAME				
STREET ADDRESS	4445 LAKE FOREST DRIVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	CINCINNATI OH		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: William J. Dries Vice President 4/16/97

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

CR2E034 (9/96)

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