

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8280 Montgomery Rd. Suite, Apt. #, etc. 22 Suite 201 City & State 23 Cincinnati, OH Zip 24 45276		2a. Mailing Address 26 8280 Montgomery Rd. Suite, Apt. #, etc. 27 Suite 201 City & State 28 Cincinnati, OH Zip 29 45276		3. Date Incorporated or Qualified 12/09/1981		4. FEI Number 31-4196950 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

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
			FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD MORGAN, THOMAS H. 8280 MONTGOMERY RD, STE 201 CINCINNATI OH	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VT DRIES, WILLIAM 8280 MONTGOMERY RD, STE 201 CINCINNATI OH	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HOGAN, JON P. 8280 MONTGOMERY RD, STE 201 CINCINNATI OH	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D COOK, WILLIAM C. 8280 MONTGOMERY RD, STE 201 COLUMBUS OH	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D ZENNI, JAMES J 8280 MONTGOMERY RD, STE 201 CINCINNATI OH	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:  4/24/98 (513) 794-4020

CR2E034 (10/97)