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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 3:51

DOCUMENT # **H06393** (3)

1. Corporation Name
LEE TITLE AND ABSTRACT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| % SHEILA G. OLSEN 11820 S.W. 62 PLACE MIAMI FL 33156 | % SHEILA G. OLSEN 11820 S.W. 62 PLACE MIAMI FL 33156 |

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/01/1984 | 3a. Date of Last Report 01/20/1994 |
| 4. FEI Number 59-2455566 | 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 | |

| | |
|---|-----------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Lee Title & Abstract Inc | 26. 706 S. Dixie Hwy |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22. 706 S. Dixie Hwy. | 27. Coral Gables, FL |
| City & State | City & State |
| 23. Coral Gables, FL | 28. 33146 |
| Zip | Zip |
| 24. USA | 25. USA |
| Country | Country |

9. Name and Address of Current Registered Agent

**OLSEN, SHEILA G.
11820 S.W. 62 PLACE
MIAMI FL 33156**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|--|
| TITLE | PD - OLSEN, SHEILA G. | 1.1 TITLE | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | OLSEN, SHEILA G. | 1.2 NAME | THOMAS W. DISSENT III |
| STREET ADDRESS | 11820 SW 62 PLACE | 1.3 STREET ADDRESS | 706 S. Dixie Hwy. |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | Coral Gables, FL 33146 |
| TITLE | | 2.1 TITLE | VICE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Sheila G. Olsen |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 11820 S.W. 62 Place |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | MIAMI, FL 33156 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sheila G. Olsen **1-15-95** **305-666-2121**

AS A TRUE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR