

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 MAR 16 PM 1:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H06393

1. Corporation Name
LEE TITLE AND ABSTRACT, INC.

Principal Place of Business: **706 S. Dixie Highway Coral Gables, FL 33146**
 Mailing Address: **706 S. Dixie Highway Coral Gables, FL 33146**

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

9. Name and Address of Current Registered Agent
OLSEN, THOMAS W. III
706 S. Dixie Hwy
Coral Gables, FL 33146

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporation Certificate
06/01/1984

4. FEI Number: **59-2455566**

5. Certificate of Status Deemed: **\$8.75** Add'l Basis Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

8. This Corporation owes the current year filing fee Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

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, 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 III* **Thomas W. Olsen III** 3/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP [DELETE]	11 TITLE	[Change] [DELETE]
NAME	Olsen, Sheila G.	12 NAME	
STREET ADDRESS	11820 S.W. 62nd Place	13 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33156 [DELETE]	14 CITY-ST-ZIP	
TITLE	P [DELETE]	21 TITLE	[Change] [DELETE]
NAME	Olsen, Thomas W. III	22 NAME	
STREET ADDRESS	706 S. Dixie Highway	23 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33146 [DELETE]	24 CITY-ST-ZIP	
TITLE	[DELETE]	31 TITLE	[Change] [DELETE]
NAME	[DELETE]	32 NAME	
STREET ADDRESS	[DELETE]	33 STREET ADDRESS	
CITY-ST-ZIP	[DELETE]	34 CITY-ST-ZIP	
TITLE	[DELETE]	41 TITLE	[Change] [DELETE]
NAME	[DELETE]	42 NAME	
STREET ADDRESS	[DELETE]	43 STREET ADDRESS	
CITY-ST-ZIP	[DELETE]	44 CITY-ST-ZIP	
TITLE	[DELETE]	51 TITLE	[Change] [DELETE]
NAME	[DELETE]	52 NAME	
STREET ADDRESS	[DELETE]	53 STREET ADDRESS	
CITY-ST-ZIP	[DELETE]	54 CITY-ST-ZIP	
TITLE	[DELETE]	61 TITLE	[Change] [DELETE]
NAME	[DELETE]	62 NAME	
STREET ADDRESS	[DELETE]	63 STREET ADDRESS	
CITY-ST-ZIP	[DELETE]	64 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Thomas W. Olsen III* **Thomas W. Olsen III** 3/12/99 305-666-2121

CR2E034 (11/98)