COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90007 046 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # H14989
Corporation Name
OLIVARI AND ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
WILLIAM L. OLIVARI TE D RMOND BEACH FL 32174-9188 S	% WILLIAM L. OLIVARI STE D ORMOND BEACH FL 32174-9188 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified: 08/01/1984	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number: 59-2425904	☐ Applied For ☐ Not Applicable
City & State	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

OLIVARI, WILLIAM L.
141 SAGE BRUSH TRAIL
STE D
ORMOND BEACH FL 32074

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

1. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	OLIVARI, WILLIAM L.	1.2 NAME	
REET ADDRESS	141 SAGE BRUSH TRAIL	1.3 STREET ADDRESS	
TY-ST-ZIP	ORMOND BCH. FL	1.4 CITY-ST-ZIP	
TLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
TY-ST-ZIP		2.4 CITY-ST-ZIP	
TLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
TY-ST-ZIP		3.4 CITY-ST-ZIP	
TLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY-ST-ZIP	
TLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
TLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

1. 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: William L. Olivari SIGNATURE REQUIRED 7/3/99 904 672 0775