

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000053399 (0)**

1. Corporation Name

OLDENSTAM ENTERPRISES, INC.



Principal Place of Business

3258 HYDE PARK DR
CLEARWATER FL 34621

Mailing Address

3258 HYDE PARK DR
CLEARWATER FL 34621

3. Date Incorporated or Qualified
07/30/1993

3a. Date of Last Report
05/01/1995

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

25

29

30

4. FEI Number

45-0217101

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLYNN, WILLIAM J
FOWLER WHITE GILLEN BOGGS VILLAREAL
501 E KENNEDY BLVD SUITE 1700
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature of President or Principal Officer, Registered Agent, and Director

Signature of Registered Agent, or Registered Office Representative

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE DELETE
NAME **D OLDENSTAM, JACKIE**
STREET ADDRESS **3258 HYDE PARK DR**
CITY-ST-ZIP **CLEARWATER FL 34621**

11 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12 NAME Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 NAME Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 NAME Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 NAME Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

16 NAME Change Addition

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 by any attachment with an address.

SIGNATURE:

Jackie Oldenstam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. L. OLDENSTAM 7/10/96 (813) 442-8068
DATE DAYTIME PHONE #

CR2E034 (12/95)