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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P93000054887

1. Corporation Name
O'DONNELL ORGANIZATION, INC.



Principal Place of Business
 1100 16TH ST N
 ST PETERSBURG FL 33705
 US

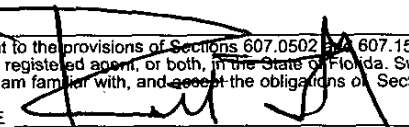
Mailing Address
~~1100 16TH ST N~~
~~ST PETERSBURG FL 33712~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1135 Pasadena Avenue South	08/04/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Suite 140	59-3208216	
City & State		City & State		Applied For	
23		28	St Petersburg, FL	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24		29	33707	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
		30	US	6. Election Campaign Financing Trust Fund Contribution	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
RADELINE, GEORGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3737 1ST AVE N					
ST PETERSBURG FL 33713					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RADELINE, GEORGE				81 Name			
3737 1ST AVE N				Robert J. Myers, Esq.			
ST PETERSBURG FL 33713				82 Street Address (P.O. Box Number is Not Acceptable)			
				1135 Pasadena Avenue South, Suite 140			
				83			
				84 City			
				St Petersburg			
				85 Zip Code		33707	

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  Robert J. Myers, Esq. DATE 4-19-99

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			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Director/President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RADELINE, GEORGE C.			1.2 NAME	Victoria J. Anderson		
STREET ADDRESS	3737 1ST AVE N			1.3 STREET ADDRESS	153 New Orleans		
CITY-ST-ZIP	ST PETERSBURG FL			1.4 CITY-ST-ZIP	Schererville, IN 46375	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	Treasurer		
NAME				2.2 NAME	Donna Engelberts		
STREET ADDRESS				2.3 STREET ADDRESS	1100 16th Street N.		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	St Petersburg, FL 33705		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Chris Stimac		
STREET ADDRESS				3.3 STREET ADDRESS	1100 16th Street N.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	St Petersburg, FL 33705		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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, with all other like empowered.

SIGNATURE:  Victoria J. Anderson, President DATE 4/21/99 DAYTIME PHONE # (219) 322-7408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)