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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000048256

1. Corporation Name OLEN COMMUNITIES, INC.

Principal Place of Business: 729 SANCTUARY COVE DRIVE NORTH PALM BCH FL 33410 US
Mailing Address: 7 CORPORATE PLAZA NEWPORT BEACH CA 92660



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1994
4. FEI Number: 65-0500791
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 owes the current year Intangible Personal Property Tax: No

2. Principal Place of Business: 1062 Coral Ridge Drive, Coral Springs, FL 33071
2a. Mailing Address: Suite, Apt. #, etc.
22. City & State: Coral Springs, FL
23. City & State: Coral Springs, FL
24. Zip: 33071, Country:
25. Zip: , Country:
26. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
28. City & State:
29. City & State:
30. Zip: , Country:

9. Name and Address of Current Registered Agent: HANSEN, MARK M, 1062 CORAL RIDGE DRIVE, CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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

Table with 12 columns: OFFICERS AND DIRECTORS. Includes rows for Olenicoff, Igor and Bullington, Jeanette C.

Table with 13 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes rows for Olenicoff, Igor M.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: Igor M. Olenicoff 1/12/99 (954) 752-4852

UNRECORDED

CR2E034 (11/98)