

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000088247 (9)**

1. Corporation Name
O. T. RESOURCE, INC.



Principal Place of Business: **7000 MELROSE CT PORT RICHEY FL 34668**
Mailing Address: **7000 MELROSE CT PORT RICHEY FL 34668**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Street, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	12/06/1994		05/01/1995
4.	FBI Number		Applied For Not Applicable
	59-3281471		\$8.75 Additional Fee Required
5.	Creation of Status Desired	<input type="checkbox"/>	\$5.00 May Be Added to Fees
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	
8.	This corporation has liability for intangible tax under s. 193.032, Florida Statutes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10.	Name and Address of New Registered Agent		

g. Name and Address of Current Registered Agent

**LABAYEN, RAYMOND G
7000 MELROSE CT
SUITE 780
PORT RICHEY FL 34668**

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

11. Pursuant to the provisions of Sections 607 (9)(d) and 617, 1506, 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 provisions of Sections 607 (9)(d), Florida Statutes.

SIGNATURE: *[Signature]* OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																				
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption established in Sections 119.07(9)(a), Florida Statutes. I further certify that the information included 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

CR2E034 (12/95)