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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 34888**
 Mailing Address: **7000 MELROSE CT PORT RICHEY FL 34688-6826**

3. Date Incorporated or Qualified: **12/06/1994**
 3a. Date of Last Report: **04/12/1996**
 4. FEI Number: **59-3281471**
 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

2. Principal Place of Business: **4914 AUGUSTA AVE.**
 2a. Mailing Address: **4914 AUGUSTA AVE.**
 22. Suite, Apt. #, etc.
 27. Suite, Apt. #, etc.
 23. City & State: **OLDSMAR, FL**
 28. City & State: **OLDSMAR, FL**
 24. Zip: **34677** Country: **USA**
 25. Zip: **34677** Country: **USA**

9. Name and Address of Current Registered Agent
LABAYEN, RAYMOND G
7000 MELROSE CT
SUITE 760
PORT RICHEY FL 34688

10. Name and Address of New Registered Agent
 81. Name: **FRES, JOSE LUIS M.**
 82. Street Address (P.O. Box Number is Not Acceptable): **4914 AUGUSTA AVE.**
 83.
 84. City: **OLDSMAR** FL 85. Zip Code: **34677**

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]* DATE: **4/28/97**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GACULA, GEORGIANNA	
STREET ADDRESS	7000 MELROSE CT	
CITY-ST-ZIP	PORT RICHEY FL 34688	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	LABAYEN, RAYMOND G	
STREET ADDRESS	7000 MELROSE CT	
CITY-ST-ZIP	PORT RICHEY FL 34688	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FRES, JOSE L	
STREET ADDRESS	7000 MELROSE CT	
CITY-ST-ZIP	PORT RICHEY FL 34688	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	QUIZON-LABAYEN, MARIA	
STREET ADDRESS	7000 MELROSE CT	
CITY-ST-ZIP	PORT RICHEY FL 34688	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRES, GEORGIANNA G.	
1.3 STREET ADDRESS	4914 AUGUSTA AVE.	
1.4 CITY-ST-ZIP	OLDSMAR, FL 34677	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRES, JOSE LUIS M.	
3.3 STREET ADDRESS	4914 AUGUSTA AVE.	
3.4 CITY-ST-ZIP	OLDSMAR, FL 34677	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *[Signature]* DATE: **4/28/97** (813) 942-2249

CR2E034 (9/96)