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

FILED
Apr 06 1996 8:00 am
Secretary of State

DOCUMENT # **P95000068584 (8)** 1-31-96

1. Corporation Name

~~IWANIT, INC.~~ OPTIMA MANAGEMENT, INC. AEE

Principal Place of Business	Mailing Address
6231 MULLIN PALM BEACH GARDENS FL 33418	6231 MULLIN PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified: 09/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21 222 LAKEVIEW AVENUE
Suite, Apt. #, etc.
22 Suite 160-293
City & State
23 West Palm Beach, FL
Zip 24 33401 Country 25 U.S.A.

2a. Mailing Address
26 222 LAKEVIEW AVENUE
Suite, Apt. #, etc.
27 Suite 160-293
City & State
28 West Palm Beach, FL
Zip 29 33401 Country 30 U.S.A.

4. FEI Number: 65-0622822 ☐ 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

DARASZ, JOHN A
6231 MULLIN
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: KATHY A. METZGER, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): KOHL, METZGER, SPOTTS, P.A.
83 50 S.E. KINDRED STREET
84 City: STUART FL 85 Zip Code: 34994

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	DARASZ, JOHN	
STREET ADDRESS	6231 MULLIN	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P.D.	☒ Change ☐ Addition
12 NAME	DOUGLAS G. MATTHEWS	
13 STREET ADDRESS	222 LAKEVIEW AVE., STE 160-293	
14 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
21 TITLE	V.P.	☐ Change ☒ Addition
22 NAME	JOHN T. METZGER	
23 STREET ADDRESS	222 LAKEVIEW AVE., STE 160-293	
24 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
31 TITLE	T/S	☐ Change ☒ Addition
32 NAME	Christine E. HARRISON	
33 STREET ADDRESS	222 LAKEVIEW AVE., STE. 160-293	
34 CITY-ST-ZIP	West Palm Beach, FL 33401	
41 TITLE	V.P.	☐ Change ☒ Addition
42 NAME	CHARLES SESSA	
43 STREET ADDRESS	222 LAKEVIEW AVE., STE. 160-293	
44 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
51 TITLE	V.P.	☐ Change ☐ Addition
52 NAME	PAUL S. ENGLUND	
53 STREET ADDRESS	222 LAKEVIEW AVE., STE. 160-293	
54 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

500001771825
-04/08/96--01023--004
***208.75

AEE 4-6-96

CR2E034 (12/95)

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)(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 added, above.

SIGNATURE: [signature] 3/20/96 (407) 791-4640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #