

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 07 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000018253 (0)

1. Corporation Name
O'TAM & ASSOCIATES, INC.



| | |
|--|---|
| Principal Place of Business 1002 SE 20TH ST. CAPE CORAL FL 33990 | Mailing Address 1002 SE 20TH ST. CAPE CORAL FL 33990-4541 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/26/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0645540 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

**O'BRIEN, JOSEPH
1002 SE 20TH ST.
CAPE CORAL FL 33990**

10. Name and Address of New Registered Agent

81. Name **Nina O'Brien**

82. Street Address (P.O. Box Number is Not Acceptable)
1002 SE 20th St

83.

84. City **Cape Coral** FL 85. Zip Code **33990**

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: *Nina O'Brien* DATE: **4/27/97**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | O'BRIEN, JOSEPH | |
| STREET ADDRESS | 1002 SE 20TH ST. | |
| CITY-ST-ZIP | CAPE CORAL FL 33990 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | O'BRIEN, NINA | |
| STREET ADDRESS | 1002 SE 20TH ST. | |
| CITY-ST-ZIP | CAPE CORAL FL 33990 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Kelley O. Jones | |
| 1.3 STREET ADDRESS | 4110 2nd St SW | |
| 1.4 CITY-ST-ZIP | Lehigh Acres, FL 33971 | |
| 2.1 TITLE | Vice-President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Keith O'Brien | |
| 2.3 STREET ADDRESS | 2260 Laurel Lane | |
| 2.4 CITY-ST-ZIP | No Ft. Myers, Fl. 33917 | |
| 3.1 TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Joseph R. O'Brien | |
| 3.3 STREET ADDRESS | 1711 July Circle | |
| 3.4 CITY-ST-ZIP | No Ft. Myers, Fl. 33917 | |
| 4.1 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Janice O'Brien | |
| 4.3 STREET ADDRESS | 11225 Chatahoochee Dr | |
| 4.4 CITY-ST-ZIP | No. Ft. Myers, FL 33917 | |
| 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: *Nina O'Brien* DATE: **4/10/97** 941-574-8595

CR2E034 (9/96)