

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90016 038 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P96000093953**

1. Corporation Name
OPTION PLUS, INC.



Principal Place of Business
3016 ROSEMEAD SARASOTA FL 34235
 Mailing Address
400 N. OSPREY AVE. P.O. BOX 1061 - OSPREY FL 34229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/1996

4. FEI Number
65-0704811 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 400 N. OSPREY AVENUE
 Suite, Apt. #, etc.
22 STE A
 City & State
23 SARASOTA, FL
 Zip Country
24 34236 25 USA

2a. Mailing Address
26 P.O. Box 1061
 Suite, Apt. #, etc.
27
 City & State
28 SARASOTA, FL
 Zip Country
29 34236 30 USA

9. Name and Address of Current Registered Agent
MCNALLY, WILLIAM J
3016 ROSEMEAD
SARASOTA FL 34235

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

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) (NOT E: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS MCNALLY, WILLIAM J 3016 ROSEMEAD SARASOTA FL 34235	1.1 TITLE	RESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	MCNALLY, WILLIAM J.
STREET ADDRESS		1.3 STREET ADDRESS	3016 ROSEMEAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SARASOTA, FL 34235 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP/SEC MCNALLY, TODD J 3016 ROSEMEAD SARASOTA FL 34235	2.1 TITLE	VP/SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	MCNALLY, TODD J.
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA, FL
TITLE	VP COGGIN, CHAD SARASOTA, FL	3.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	COGGIN, CHAD
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SARASOTA, FL
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered

SIGNATURE: William J. McNally, Pres 4/21/99 941-330-1400
 SIGNATURE AND TYPED OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)