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

PROFIT CORPORATION-ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1999 -1998

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90001 047 ***150.00

	OFT INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22930 (3)		-	\$ 100(1007 (10 LBH)) 100(1 AB)	: 60:71 4014 10 110 714	18 11912 14186 HI	12 8 (1110) 880
Principal Plac	e of Business	1	Mailing Address			1 160440 Dt 440 19419 40019 0 911	1 69 191 60 111 60 11 8 14 0 1	4 51418 58188 111	NR BIN ABBÉ
365 GARDEN BLVD			365 GARDEN BLVD						
PALM BEACH GARDENS FL 33410			PALM BEACH GARDENS FL 33410			DO NO	WRITE IN THIS:	SDACE	• -
						Date Incorporated or Qu		Jr AGE	
						03/07/1997	amea		
2. Principal Place of Business			2a, Mailing Address			4. FEI Number		Ac	polied For
21			26			65-0760	379	No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desi	red 🗌	\$8.75 A	
City & State			City & State			Election Campaign Finar Trust Fund Contribution	icing	\$5.00 Added t	
Zip	Country		Zip	Count	y	8. This corporation owes or	has paid the cur		
24	25	29	<u></u>	30		Personal Property Tax di			No
	Name and Address	s of Current Reg	stered Agent			10. Name and Address of	lew Registered	Agent	
1	OLFE, LARRY			8	Name C	OM D. COLE			
	0-A JOHN KNOX ROAD			8	el Sueer va	uress (P.O. DOX Number is Not A	cceptable)		
Į FAI	LLAHASSEE FL 32303-	6643		8:	140 1	UTEACCASTAL PTI	= DR ST	<u>€. ≯3</u>	<u> </u>
				*	1				
				8	1500	TER	FL	85 Zip (Code ¥77
11. Pursuant	to the provisions of Section	ns 607 0502 and	607.1508 Florida Statute	es, the abo	ve-named co	rporation submits this statement ation's poard of directors. I hereb	or the purpose of	changing it	s registered
agent. I a	im familiar with, and accord	the obligations	of, Section 607.0505, Flo	riga Statut	es.	anon's board of directors. I hereb	y accept the app	/ /	registered
SIGNATURE	- 1/2/ (Conve-	1/1/1	2	- Op	/	-3//1/	98	
12.		registered agent and hi		3,	gent signature req	urred when reinstating) 4DDITIONS-CHANGES TO	DATE/	2 2/000700	12 11 12
THILE	D	TOCHO VILLO DIVILO	DELETE	TITLE		ACEMICIAS (LITARIGES IN	N TELLITERS HITE	Change	Addition
NAME	COX, LAURA		_	NAME				C Onlings	
STREET ADDRESS	AGE CARDEN RUE				T ADDRESS				
CITY -ST-ZIP	PALM BEACH GARD	DENS FL 33410		: + CITY-	ST-ZIP				
FITLE			☐ DELETE	2.1 TOTLE				Change	Addition
HAME				2.2 NAME					
STREET ADDRESS				2 3 STREE	T ADDRESS		_		
CITY-ST-ZIP			C printe	2.4 CITY					
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NAME STREET ADDRESS				3.2 NAME		eo	M •		
CITY-ST-ZIP				1	T ADDRESS		,		
TITLE			DELETE	3.4 CITY				Change	Addition
NAME		•		4 2 NAM					— .
STREET ADDRESS				4 3 STREE	T ADDRESS				
CITY-ST- RP				14 CITY	ST - ZIP			,	
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NAME	• •			52 NAME					
STREET ADDRESS				53 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY-	ST-ZIP				
TITLE			L. J DELETE	6.1 TITLE				Change	Addition
HAME				6.2 NAME	ŀ				-
STREET ADDRESS				6.3 STREE	T ADDRESS			: .	
CRTY - ST - ZIP				6 I CITY	ST-ZIP		•		

14. 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.

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4/30/99

561-775-1203