

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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90 MAY -1 AM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Montazeri
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **401920**

(4)

To: Corporation's Officer

O.R. COLAN ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Office of Business: 1500 CORDOVA RD. STE 210 FT. LAUDERDALE FL 33316-2113
Mailing Address: 1500 CORDOVA RD. STE 210 FT. LAUDERDALE FL 33316-2113

3. Date of Incorporation (Quarter)	3a. Date of Last Report
05/25/1972	03/01/1994
4. FEI Number	Applied For
59-1397236	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Does corporation have money for campaign (has under \$1,000)?	Funds Total Due: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Office of Business	2a. Mailing Address
21	26
22. State and City of	27. State and City of
23. State and City of	28. State and City of
24. State and City of	29. State and City of
25. State and City of	30. State and City of

9. Name and Address of Current Registered Agent
**THEODORE M. PLUTA
2413 S.W. 34TH AVENUE
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number in N.A. Jurisdiction)
83.
84. City, State, Zip Code
85. Zip Code

11. I, the undersigned, am a person named in Sections 607, 608, and 609, Florida Statutes, and as such am authorized to execute this statement for the purpose of changing its registered office and principal office in both of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of a registered agent. I am aware of the provisions of Sections 607, 608, Florida Statutes.

12. OFFICERS AND DIRECTORS

NAME	PD PLUTA, THEODORE M. 2413 S.W. 34TH AVE FT. LAUDERDALE FL
NAME	SD FRANCES K. LAMONICA 1140 N.E. 204TH STREET N. MIAMI BEACH FL
NAME	V BASILA, RICHARD M. 527 S.W. 27TH RD. MIAMI FL
NAME	CDT CATHERINE COLAN MUTH 1105 S. GROVELAND BLUEFIELD WV
NAME	VP ARMSTRONG, ALLEN A. 11630 N.W. 29TH STREET SUNRISE FL
NAME	VP VERNA ANN HAWKINS NEELY 2008 S. OCEANFRONT DRIVE JACKSONVILLE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	P Pluta, Theodore M. 2413 S.W. 34th Avenue Fort Lauderdale, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Elizabeth A. Colan 502 Elizabeth Avenue South Charleston, WV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CDT Catherine Colan Muth 1105 S. Groveland Bluefield, WV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607.03(1)(b), Florida Statutes. I further certify that the changes indicated on this annual report or supplemental annual report, true and accurate and that my signature shall be the same regardless of any change in state that I am an officer or director of the corporation or the member 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 of this report, or as an attachment with an address.

SIGNATURE: *Frances K. LaMonica* Frances K. LaMonica 4/27/95 (305) 763-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR