

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **401920** (4)

1. Corporation Name
O.R. COLAN ASSOCIATES, INC.



Principal Place 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 Incorporated or Qualified: **05/25/1972**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1397236**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMONICA FRANCES K.
1140 N.E. 204 ST.
N. MIAMI BCH., FL 33179**

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.

(NOTE: Registered Agent Signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD COLAN MUTH, CATHERINE 1105 S. GROVELAND BLUEFIELD WV 24701	<input type="checkbox"/> DELETE	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD FRANCES K. LAMONICA 1140 N.E. 204TH STREET N. MIAMI BEACH FL 33179	<input type="checkbox"/> DELETE	2. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MERRYMAN, ROBERT N 31 TOPPING LANE ST. LOUIS MO 63131	<input checked="" type="checkbox"/> DELETE	3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V BASILA, RICHARD M 527 S.W. 27TH RD. MIAMI FL 3312-9	<input type="checkbox"/> DELETE	4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V ARMSTRONG, ALLEN A 521 ROD ROY ST. LAKELAND FL 33813	<input checked="" type="checkbox"/> DELETE	5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V VERNA ANN HAWKINS NEELY 4621 QUEENS POINT DR. LAKLAND FL 33813	<input checked="" type="checkbox"/> DELETE	6. 1 TITLE <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 119.07(3)(k), 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:

Frances K. La Monica
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

(305) 763-5700
Daytime Phone #

CR2E034 (12/95)