

**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: \_\_\_\_\_ (NOTE: Registered Agent Signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLAN MUTH, CATHERINE	1.2 NAME	
STREET ADDRESS	1105 S. GROVELAND	1.3 STREET ADDRESS	
CITY - ST - ZIP	BLUEFIELD WV 24701	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCES K. LAMONICA	2.2 NAME	
STREET ADDRESS	1140 N.E. 204TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL 33179	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRYMAN, ROBERT N	3.2 NAME	
STREET ADDRESS	31 TOPPING LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO 63131	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASILA, RICHARD M	4.2 NAME	
STREET ADDRESS	527 S.W. 27TH RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 3312-9	4.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, ALLEN A	5.2 NAME	
STREET ADDRESS	521 ROD ROY ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33813	5.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNA ANN HAWKINS NEELY	6.2 NAME	
STREET ADDRESS	4621 QUEENS POINT DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	LAKLAND FL 33813	6.4 CITY - ST - ZIP	

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* 4-10-96 (305) 763-5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)