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Jun 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000056652 (6)

1. Corporation Name
OLVENHAIN ESTATES, INC.



Principal Place of Business
5355 TOWN CENTER ROAD
SUITE 301
BOCA RATON FL 33486

Mailing Address
5355 TOWN CENTER ROAD
SUITE 301
BOCA RATON FL 33486-1088

3. Date Incorporated or Qualified 07/01/1996
3a. Date of Last Report

2. Principal Place of Business
21 102 North Swinton Ave.
Suite, Apt. #, etc.

2a. Mailing Address
26 102 North Swinton Ave.
Suite, Apt. #, etc.

4. FEI Number 65-0690740
Applied For
Not Applicable

22 City & State
23 Delray Beach, FL

27 City & State
28 Delray Beach, FL

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

24 33444 25 USA
29 33444 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, ROBERT M
5355 TOWN CENTER ROAD
SUITE 301
BOCA RATON FL 33486

81 Name Schwartz, Robert M
82 Street Address (P.O. Box Number is Not Acceptable)
83 102 North Swinton Avenue
84 City Delray Beach FL 85 Zip Code 33444

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 *Robert M. Schwartz* Robert M. Schwartz 3/3/97
Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PARISER, PAUL S
STREET ADDRESS 5355 TOWN CENTER ROAD, SUITE 301
CITY-ST-ZIP BOCA RATON FL 33486

1.1 TITLE Pres
1.2 NAME Pariser, Paul S
1.3 STREET ADDRESS 102 North Swinton Ave
1.4 CITY-ST-ZIP Delray Beach, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE V.P./Secy/treas
2.2 NAME Reid, Lucie S.
2.3 STREET ADDRESS 102 North Swinton Avenue
2.4 CITY-ST-ZIP Delray Beach, FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)