

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Amended

FILED

Jul 18 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 # 401920
1. Corporation Name
O. R. COLAN ASSOCIATES, INC.

Principal Place of Business Mailing Address
1500 Cordova Rd., Ste 210 Ft. Lauderdale, FL 33316-2113
1500 Cordova Rd., Ste 210 Ft. Lauderdale, FL 33316-2190

AMENDED

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

3. Date Incorporated or Qualified 05/25/1972 3a. Date of Last Report 01/28/97
4. FEI Number 59-1397236 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
LaMonica, Frances K.
1140 N.E. 204th St.
N. Miami Bch., FL 33179

10. Name and Address of New Registered Agent
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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	Colan Muth, Catherine	
STREET ADDRESS	1105 S. Groveland	
CITY-ST-ZIP	Bluefield, WV 24701	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LaMonica, Frances K.	
STREET ADDRESS	1140 N.E. 204 Street	
CITY-ST-ZIP	N Miami Beach, FL 33179	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Basila, Richard M	
STREET ADDRESS	527 S.W. 27th Rd.	
CITY-ST-ZIP	Miami, FL 33129	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Merryman, Robert N	
1.3 STREET ADDRESS	31 Topping Lane	
1.4 CITY-ST-ZIP	St. Louis, Missouri 63131	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ammar, Karen	
2.3 STREET ADDRESS	4201 N. Ocean Dr., Apt 206	
2.4 CITY-ST-ZIP	Hollywood, FL 33019	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Armstrong Allen A.	
3.3 STREET ADDRESS	Rt. 1, Box 342A	
3.4 CITY-ST-ZIP	Goode, VA 24556	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Neeley, Verna Ann	
4.3 STREET ADDRESS	4505 Federal Hill Road	
4.4 CITY-ST-ZIP	Orange Park, FL 32073	
5.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pluta, Theodore	
5.3 STREET ADDRESS	650 Bella Vista Court S	
5.4 CITY-ST-ZIP	Jupiter, FL 33477	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002242322	
6.3 STREET ADDRESS	-07/21/97--01012--012	
6.4 CITY-ST-ZIP	***61.25	

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.

SIGNATURE: Catherine Colan Muth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/97 (954) 763-5700
Date Daytime Phone #

CR2E034 (9/96)