

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1972	
21		26		4. FEI Number 59-1397236	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD COLAN MUTH, CATHERINE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1105 S. GROVELAND	1.2 NAME	
STREET ADDRESS	BLUEFIELD WV 24701	1.3 STREET ADDRESS	4201 North Ocean Dr, Apt 206
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hollywood, FL 33179
TITLE	STD FRANCES K. LAMONICA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1140 N.E. 204TH STREET	2.2 NAME	
STREET ADDRESS	N. MIAMI BEACH FL 33179	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V BASILA, RICHARD M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	527 S.W. 27TH RD.	3.2 NAME	
STREET ADDRESS	MIAMI FL 3312-9	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MERRYMAN, ROBERT N	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	31 TOPPING LANE	4.2 NAME	
STREET ADDRESS	ST. LOUIS MO 63131	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V AMMAR, KAREN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4201 N. OCEAN DR., APT. 206	5.2 NAME	
STREET ADDRESS	HOLLYWOOD FL 33019	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V ARMSTRONG, ALLEN A	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 1, BOX 342A	6.2 NAME	
STREET ADDRESS	GOODE VA 24556	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Frances K. Lamonica* 5-19-98 (954) 763-5700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 026E743

CR2E034 (10/97)