

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90020 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 401920

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1972

4. FEI Number
59-1397236

Applied For
 Not Applicable

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

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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 owes the current year Intangible Personal Property Tax. Yes No

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 **CATHERINE COLAN MUTH**

82 Street Address (P.O. Box Number is Not Acceptable)
4201 N. OCEAN DR., UNIT 206

83 **HOLLYWOOD, FL 33019**

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 *Catherine Colan Muth*

4-14-99

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 DELETE
 NAME **CPD COLAN MUTH, CATHERINE**
 STREET ADDRESS **4201 NORTH OCEAN DR, APT 206**
 CITY-ST-ZIP **HOLLYWOOD FL 33179**

1.1 TITLE Change Addition
 1.2 NAME **VERNA ANN NEELEY**
 1.3 STREET ADDRESS **351 Willow Green Drive**
 1.4 CITY-ST-ZIP **Orange Park FL 32073**

TITLE DELETE
 NAME **STD FRANCES K. LAMONICA**
 STREET ADDRESS **1140 N.E. 204TH STREET**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

2.1 TITLE Change Addition
 2.2 NAME **THEODORE PLUTA**
 2.3 STREET ADDRESS **650 Bella Vista Court South**
 2.4 CITY-ST-ZIP **Jupiter, FL 33477**

TITLE DELETE
 NAME **V BASILA, RICHARD M**
 STREET ADDRESS **527 S.W. 27TH RD.**
 CITY-ST-ZIP **MIAMI FL 3312-9**

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

TITLE DELETE
 NAME **D MERRYMAN, ROBERT N**
 STREET ADDRESS **31 TOPPING LANE**
 CITY-ST-ZIP **ST. LOUIS MO 63131**

4.1 TITLE Change Addition
 4.2 NAME **DV**
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **V AMMAR, KAREN**
 STREET ADDRESS **4201 N. OCEAN DR., APT. 206**
 CITY-ST-ZIP **HOLLYWOOD FL 33019**

5.1 TITLE Change Addition
 5.2 NAME **DV**
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME **V ARMSTRONG, ALLEN A**
 STREET ADDRESS **RT. 1, BOX 342A**
 CITY-ST-ZIP **GOODE VA 24556**

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *Catherine Colan Muth*

4-14-99

954-763-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)