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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

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip

28 Zip

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

25 Country

29 Country

9. Name and Address of Current Registered Agent  
LAMONICA FRANCES K.  
1140 N.E. 204 ST.  
N. MIAMI BCH., FL 33179

10. Name and Address of New Registered Agent  
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 HOLLYWOOD, 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	CPD	1.1 TITLE	V
NAME	COLAN MUTH, CATHERINE	1.2 NAME	VERNA ANN NEELEY
STREET ADDRESS	4201 NORTH OCEAN DR, APT 206	1.3 STREET ADDRESS	351 Willow Green Drive
CITY-ST-ZIP	HOLLYWOOD FL 33179	1.4 CITY-ST-ZIP	Orange Park FL 32073
TITLE	STD	2.1 TITLE	V
NAME	FRANCES K. LAMONICA	2.2 NAME	THEODORE PLUTA
STREET ADDRESS	1140 N.E. 204TH STREET	2.3 STREET ADDRESS	650 Bella Vista Court South
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	2.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	V	3.1 TITLE	
NAME	BASILA, RICHARD M	3.2 NAME	
STREET ADDRESS	527 S.W. 27TH RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 3312-9	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	V DV
NAME	MERRYMAN, ROBERT N	4.2 NAME	
STREET ADDRESS	31 TOPPING LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63131	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	DV
NAME	AMMAR, KAREN	5.2 NAME	
STREET ADDRESS	4201 N. OCEAN DR., APT. 206	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	ARMSTRONG, ALLEN A	6.2 NAME	
STREET ADDRESS	RT. 1, BOX 342A	6.3 STREET ADDRESS	
CITY-ST-ZIP	GOODE VA 24556	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 (1/1/98)