


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90034 032 ***158.75

DOCUMENT # 401920 1. Entity Name O.R. COLAN ASSOCIATES, INC.	
---	---

Principal Place of Business 439 NE 7TH AVENUE FT. LAUDERDALE, FL 33301	Mailing Address 439 NE 7TH AVENUE FT. LAUDERDALE, FL 33301
--	--

44031869



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1397236	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent COLAN MUTH, CATHERINE 4201 N OCEAN DR UNIT 206 HOLLYWOOD, FL 33019	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHELTON, JOHN L 1201 N.E. 12TH AVE. FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6551 NE 20th Way Fort Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASILA, RICHARD M 527 S.W. 27TH RD. MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Verna Ann Neeley 12012 Misty Brook Ct, Tamapa, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRYMAN, ROBERT N 31 TOPPING LANE ST. LOUIS, MO 63131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Allen Armstrong 16203 White Creek Grove Austin TX 78717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AMMAR, KAREN 4201 N. OCEAN DR., APT. 206 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President/CEO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PLUTA, THEODORE M 650 BELLA VISTA COURT SOUTH JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Deborah Long 29243 Birds Eye Drive Wesley Chapel, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SINGLETARY, DELORES J 5641 N.E. RIVER ROAD CHICAGO, IL 60656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another officer or director.

SIGNATURE: John L. Shelton **John L. Shelton** 4/15/04 (954) 763-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #