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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 322320

(3)

O K M CORPORATION

STREET ADDRESS

Principal Place of Business Mailing Address				1 100165 11110 11010 11010 11110 11111 11011 11011	HEIL BYEN BISH SIGH BIGH STON (SD)
2501 NE 46 ST LIGHTHOUSE P		2501 NE 46 ST LIGHTHOUSE PT FL 33064-7:	258	4	
				3. Date Incorporated or Qualified 10/18/1967	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1172804	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 3	Gountry 0		Yes ANO
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Jistered Agent
DYAL, J. PATRICK 81 Name CHARLES J. SEITZ					
			10	ress (P.O. Box Number is Not Acceptab	DE DR.
FOR	T LAUDERDALE FL 33301		83 5	vite 205	
			84 City Pi	mano Bca.	FL 85 Zip Code 33062
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 Soch 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 rounstand agen	and title if applicable (NOTE I	Registered Agent & gnature regu	fred whos rejustation	24/7/
12.	OFREERS AND		I 13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SEITZ, CHARLES J		1.2 NAME		
STREET ADDRESS	2501 NE 46 ST		1.3 STREET ADDRESS		
CITY-\$1-ZIP	LIGHTHOUSE PT FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2 1 1HLF		Change Addition
NAME	<b>SEITZ, LAURA S</b> .		2.2 NAME		
STREET ADDRESS	2501 NE 46 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL		2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		∴ Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-7IP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		L.J DECETE	5.1 TITLE		LT custific TT Vaccion
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
OITY-\$1-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition

6.3 STREET ADDRESS

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.