

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/25/1972

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1397236

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD ☐ DELETE
NAME COLAN MUTH, CATHERINE
STREET ADDRESS 1105 S. GROVELAND
CITY-ST-ZIP BLUEFIELD WV 24701

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME 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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

TITLE V ☒ DELETE
NAME ARMSTRONG, ALLEN A
STREET ADDRESS 521 ROD ROY ST.
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE V ☒ DELETE
NAME VERNA ANN HAWKINS NEELY
STREET ADDRESS 4621 QUEENS POINT DR.
CITY-ST-ZIP LAKLAND FL 33813

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

(305) 763-5700
Daytime Phone #

CR2E034 (12/95)