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.

44031869

04132004 Chg-P CR2E034 (10/03)

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

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

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	7. Name and Address of New Registered Agent
COLAN MUTH, CATHERINE 4201 N OCEAN DR UNIT 206 HOLLYWOOD, FL 33019	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☐ Change ☒ Addition 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☐ Change ☒ Addition 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition President/CEO
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PLUTA, THEODORE M 650 BELLA VISTA COURT SOUTH JUPITER, FL 33477	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☐ Change ☒ Addition 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

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 #