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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 519673

1. Corporation Name

OCALA	WAREHOUSE COMPANY								
	•							BIAN ALBO BIA	
	<u> </u>			_					
Principal Place of Business Mailing Address						1 (29)01 01(0) 1(313 (31) 51())1			14 <b>67641 (  1611</b> 3 <b>62</b> 1
2603 SE 17TH STREET. SUITE B 2603 SE 17TH STREET. SUITI OCALA FL 32671 OCALA FL 32671			TE B						
, -						DO NOT WE	ITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	j		<del>-</del> "
	·					12/06/1976			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21 26						59-1704860			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired			Additional Required	
City & State City & State						6. Election Campaign Financing		\$5.0	0 May Be
23 28						Trust Fund Contribution			to Fees
Zip	Country Zip			Country		8. This corporation owes the cur	rrent year in	tangible	
24	25 29 30		0	t		Personal Property Tax.	-	Yes	□No
	9. Name and Address of Curre					10. Name and Address of New	Registered	Agent	
950	AAAN WALTED D	•	8	31 Name					
BERMAN, WALTER R.			1	32 Street	Address	s (P.O. Box Number is Not Accep	table)		
2603 SE 17TH STREET, SUITE B				_		e in the despite the second of	· · · · · · · · · · · · · · · · · · ·	s	
OCALA FL 32671			- [4	33			4.4		
				34 City			<u>italiji</u>	85 Zir	Code
Specification of the forms of the second of							FL	.   -	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes	, the abo	ove-named	corpora	tion submits this statement for the	purpose of	changing i	ts registered
agent. La	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was automicions of, Section 607.0505, Florid	nonzea i Ia Statut	oy the corpo es.	oration s	s board of directors, I hereby acce	pt the appo	intment as i	egisterea
SIGNATURE	•	•							
	Signature, typed or printed name of registered age			gent signature re	equired wh	<del></del>	DATE		
12.		ID DIRECTORS	13.	<u>-</u>		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	P P P P P P P P P P P P P P P P P P P	☐ DELETE	1.1 TITLI					Change	Addition
NAME	BERMAN, WALTER R.		1.2 NAM						
STREET ADDRESS				EET ADDRESS				•	
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP					<del>-</del>
TITLE	ST	☐ DELETE	2.1 TITLE					Change	Addition
NAME	BERMAN, ANNE A.		2.2 NAME						
STREET ADDRESS	1919 SE 7TH STREET		2.3 STREET ADDRESS			•			
CITY-ST-ZIP	OCALA FL			/-ST-ZIP				-	
TITLE	GARLEN WILLIAM	☐ DELETE	3.1 TITL					Change	Addition
NAME,			3.2 NAM						
STREET ADDRESS	kaja ograf		3.3 STR	EET ADDRESS (				:	131,50
CITY-ST-ZIP			3.4. CITY						
TITLE	1	☐ DELETE	4.1 TITU	}		<b>S</b>		Change	Addition
NAME AT A SECOND	Section 1		4. 2 NAM	1					
STREET ADDRESS	<b>'</b> \$		9	EET ADORESS					
CITY-ST-ZÍP		——————————————————————————————————————	4.4 CITY						
TITLE		☐ DELETE	5.1 TITLE	i				Change	Addition
NAME -			5.2 NAM	1					
STREET ADDRESS			5.3 STRE	ET ADDRESS					

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of trustees impowered 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 in address, with all other like empowered.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

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CITY-ST-ZIP

TITLE

NAME

DELETE

<u>352-)32-2777</u>

Change

Addition

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90070 048 \*\*\*150.00

CR2E034 (11/98)