FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 549573 (4)

1. Corporation Name
OBERMEYER ENTERPRISES, INC.

Principal Place of Business
1218 GULF BLVD.
INDIAN ROCKS BCH FL 34635

Mailing Address
1218 GULF BLVD.
INDIAN ROCKS BCH FL 34635

3. Date Incorporated or Qualified: **10/19/1977**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-1778863** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

OBERMEYER, MARY JO
1218 GULF BLVD.
INDIAN ROCKS BCH FL 34635

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P T	☐ Change ☑ Addition
NAME	OBERMEYER, MARY JO.		1.2 NAME	Ronald Perry	
STREET ADDRESS	1218 GULF BLVD.		1.3 STREET ADDRESS	1218 Gulf Blvd	
CITY-ST-ZIP	INDIAN ROCK BCH FL		1.4 CITY-ST-ZIP	Indian Rocks Bc Fla	
TITLE		☐ DELETE	2.1 TITLE	V	☐ Change ☑ Addition
NAME			2.2 NAME	Karen Raine	
STREET ADDRESS			2.3 STREET ADDRESS	6720 [illegible] Dr ne	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	St. Petersburg Fla	
TITLE		☐ DELETE	3.1 TITLE	S	☐ Change ☑ Addition
NAME			3.2 NAME	Amy Reealde	
STREET ADDRESS			3.3 STREET ADDRESS	9 Woodway Rd	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Stamford Conn	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Ronald Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ronald Perry

2-6-96 Date
8135954278 Daytime Phone #

CR2E034 (12/95)