

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

FILED

Feb 04 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 552919 (3)

1. Corporation Name

DICK O'CONNELL & ASSOCIATES, INC.

Principal Place of Business

2801 PONCE DE LEON BLVD.
ST 400
CORAL GABLES FL 33134
US

Mailing Address

2801 PONCE DE LEON BLVD
STE 400
CORAL GABLES FL 33134-6917
US3. Date Incorporated or Qualified
11/29/19773a. Date of Last Report
03/19/1996

2. Principal Place of Business

21 2801 Ponce De Leon Blvd.

Suite, Apt. #, etc.

22 \$400

City & State

23 CORAL GABLES, FLA.

Zip

24 33134

Country

25 NONE

2a. Mailing Address

26 2801 Ponce De Leon Blvd.

Suite, Apt. #, etc.

27 \$400

City & State

28 CORAL GABLES, FLA.

Zip

29 33134

Country

30

4. FEI Number

59-1778668

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to FeesB. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

O'CONNELL, RICHARD C
40 SALAMANCA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name GREGORY S. O'Connell

82 Street Address (P.O. Box Number is Not Acceptable)

16811 S.W. 1 Street

83

84 City

Pembroke Pines

FL

85 Zip Code

33027

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 reinstating)

DATE

1-28-96

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETENAME O'CONNELL, RICHARD
STREET ADDRESS 40 SALAMANCA AVE.
CITY-ST-ZIP CORAL GABLES FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME Gregory S. O'Connell
1.3 STREET ADDRESS 16811 S.W. 1st Street
1.4 CITY-ST-ZIP Pembroke Pines, FL 330272.1 TITLE ☐ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

0182185

CR2E034 (9/96)