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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandça B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # 670606 OLIVA, INC.	6 (3)					
Principal Plac	e of Business	Mailing Address				II BIOTI DIBIL DIBIL DION DIDIL	
240 N C R 427 LONGWOOD FL 32750 US		240 N C RD 427 Longwood FL 32750 US					
					Date Incorporated or Qualified 05/19/1980	3a. Date of Last Re 02/05/1996	eport
2. Principal Place of Business 2a. Mailing A			SS .		4. FEI Number		plied For
21 26					11-2474975	Not Applicable	
Suite, Apt. #, etc Suite. Apt. #, etc 27					5. Certificate of Status Desired	□ \$8.75 A	
City & Stat	City & State	& State		6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution		
Z ip 24	Counity Zip 25 29 3		30 Count	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Curre				10. Name and Address of New R		
OII/	VA, FRANK M.		8	1 Name			
1270 MAJESTIC OAK DRIVE			ä	2 Street Add	Iress (P.O. Box Number is Not Accepta	ible)	
APC	DPKA FL 32712		ā	3			
			L				
			ļ	4 City			Code
11. Pursuant office or agent 1 a	to the provisions of Sections 607.05 registered agent, or both, in the Stati am famil ar with, and accept the oblic	02 and 607.1508, Florida Statu e of Florida Such change was jations of, Section 607.0505, F	ites, the abo authorized lorida Statul	ove-named cor by the corpora les.	poration submits this statement for the ation's board of directors. I hereby according	purpose of changing its ept the appointment as	s registered registered
SIGNATURE							
12.	Signature, typical or printed name or registered as OFFICERS AN	ND DIRECTORS	13.	sgent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTOR	S IN 12
TITLE	P DELETE		1.17171.			Change	☐ Addition
NAME	OLIVA, FRANK M.		1.2 NAME				į
STREET ADDRESS	1270 MAJESTIC OAK DR APOPKA FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				ļi
CITY-ST-ZIP TITLE	V DELETE		2.1 TITU			Change	Addition
NAME	OLIVA, FRANK J.		2.2 NAM			•	
STREET ADDRESS	1320 CLASSIC DRIVE		2.3 STREET ADDRESS				
CITY-SI-7IP	LONGWOOD FL			r - ST - ZIP		F1 A	Appare -
TITLE	V L.) DELETE OLIVA, JOHN L.		3.1 TITU 3.2 NAM	·		Change	☐ Addition
NAME STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	APOPKA FL			r-ST-ZIP			
TITLE	ST	DELETE	4.1 TITL			Change	Addition
NAME	MACON, GINA MARIE OLIVA		4. 2 NAN				
STREET ADDRESS	987 AUTUMN GLEN LANE		1	ET ADORESS			į
CITY-ST-ZIP TITLE	CASSELBERRY FL			14 CITY-ST-ZIP		Change	Addition
NAME		La otter	5.2 NAM	Ì		L. Change	,dilio()
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP			5.4 C/TY	-ST-ZIP			
TITLE		DELETE	61 TITL			Change	Addition
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS			
City-SI-ZIP			6.4 GHY	-ST-ZIP	21- 0 440 07(0)() Florida 000		

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 prock 13 the changed, or on an attachment with an address.

FILED

Jan 17 1997 8:00am

Secretary of State