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FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704646 (9)

1. Corporation Name

OPTIMIST INTERNATIONAL MACFARLANE INC.

Principal Place of Business

Mailing Address

2101 N. HONARD AVE. --
TAMPA FL 33607--
US--P.O. BOX 4902
TAMPA FL 33677-4902
US

2. Principal Place of Business

2a. Mailing Address

21 2931 Main Street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tampa, Florida

28

Zip

Country

Zip

Country

24 33607

25

USA

29

30

3. Date Incorporated or Qualified

10/12/1962

3a. Date of Last Report

02/16/1996

4. FEI Number

59-6168859

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARCURI, NICK
1317 ZELLWOOD DRIVE
BRANDON FL 33511

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETENAME ARCURIZ, NICK
STREET ADDRESS 1317 ZELLWOOD DRIVE
CITY-ST-ZIP BRANDON FL1.1 TITLE ☐ Change ☐ AdditionTITLE V ☐ DELETENAME BENITEZ, ARDILIO
STREET ADDRESS 2931 MAIN ST
CITY-ST-ZIP TAMPA FL2.1 TITLE ☐ Change ☐ AdditionTITLE ST ☐ DELETENAME CLUKEY, LLOYD E.
STREET ADDRESS 8516 CLAONIA STREET
CITY-ST-ZIP TAMPA FL3.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME LETO, FRANK
STREET ADDRESS 2619 ST. CONRAD STREET
CITY-ST-ZIP TAMPA FL4.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME PULEO, PETE
STREET ADDRESS 2702 W. BIRD ST.
CITY-ST-ZIP TAMPA FL5.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME ARCURI, LILLIAN
STREET ADDRESS 1317 ZELLWOOD DR
CITY-ST-ZIP BRANDON FL6.1 TITLE ☐ Change ☐ Addition

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 617, 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
Vice President Ardilio Benitez

January 7, 1997 (813)876-7148

Date

Daytime Phone # 0049188

CR2E037 (9/96)