


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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
**2831 MAIN STREET
TAMPA FL 33607
US**

Mailing Address
**P.O. BOX 4902
TAMPA FL 33677
US**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/12/1962	
4. FEI Number 59-6168859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ARCURI, NICK
1317 ZELLWOOD DRIVE
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name **Amalia Morgado**

82 Street Address (P.O. Box Number is Not Acceptable)
3915 Fountainbleau Drive

83 **Tampa**

84 City **FL** 85 Zip Code **33634**

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 **Amalia Morgado, President** *Amalia Morgado* **01/20/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P ARCURI, NICK <input checked="" type="checkbox"/> DELETE
NAME	ARCURI, NICK
STREET ADDRESS	1317 ZELLWOOD DRIVE
CITY-ST-ZIP	BRANDON FL
TITLE	V BENITEZ, ARDILJO <input checked="" type="checkbox"/> DELETE
NAME	BENITEZ, ARDILJO
STREET ADDRESS	2831 MAIN ST
CITY-ST-ZIP	TAMPA FL
TITLE	ST CLUKEY, LLOYD E. <input type="checkbox"/> DELETE
NAME	CLUKEY, LLOYD E.
STREET ADDRESS	8516 CLONIA STREET
CITY-ST-ZIP	TAMPA FL
TITLE	D LETO, FRANK <input type="checkbox"/> DELETE
NAME	LETO, FRANK
STREET ADDRESS	2819 ST. CONRAD STREET
CITY-ST-ZIP	TAMPA FL
TITLE	D PULEO, PETE <input type="checkbox"/> DELETE
NAME	PULEO, PETE
STREET ADDRESS	2702 W. BIRD ST.
CITY-ST-ZIP	TAMPA FL
TITLE	D ARCURI, LILLIAN <input type="checkbox"/> DELETE
NAME	ARCURI, LILLIAN
STREET ADDRESS	1317 ZELLWOOD DR
CITY-ST-ZIP	BRANDON FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P Amalia Morgado <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Amalia Morgado
1.3 STREET ADDRESS	3915 Fountainbleau Drive
1.4 CITY-ST-ZIP	Tampa, FL 33634
2.1 TITLE	V Nick Arcuri <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nick Arcuri
2.3 STREET ADDRESS	1317 Zellwood Drive
2.4 CITY-ST-ZIP	Brandon, FL 33511
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Amalia Morgado* Jan. 20, 1998 813-886-3407

CP2E037 (10/97)