

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90025 017 \*\*\*150.00

DOCUMENT # F97000001016

1. Corporation Name  
OPTIMO PLAZA, INC.

Principal Place of Business  
PHILLIPS POINT EAST TOWER  
777 SOUTH FLAGLER DR., STE 909  
WEST PALM BEACH FL 33401

Mailing Address  
PHILLIPS POINT EAST TOWER  
777 SOUTH FLAGLER DR., STE 909  
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/26/1997	
4. FEI Number APPLIED FOR 65-0751610	Applied For 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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1625 Hendry Street Suite, Apt. #, etc. 22 301 City & State 23 Fort Myers, FL Zip 24 33901	2a. Mailing Address 26 1625 Hendry Street Suite, Apt. #, etc. 27 301 City & State 28 Fort Myers, FL Zip 29 33901	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent  
EICHENBERGER, RENE  
777 SOUTH FLAGLER DR., STE 909  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent	
81 Name James T. Humphrey, Esq.	
82 Street Address (P.O. Box Number is Not Acceptable) 1625 Hendry Street #301	
83	
84 City Fort Myers	85 Zip Code FL 33901

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 4-27-99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUELLER, WILFRED		1.2 NAME Mueller, Wilfred	
STREET ADDRESS 777 SOUTH FLAGLER DR., STE 909		1.3 STREET ADDRESS 1625 Hendry Street, #301	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP Fort Myers, FL 33901	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/Sect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EICHENBERGER, RENE		2.2 NAME Humphrey, Nancy	
STREET ADDRESS 777 SOUTH FLAGLER DR., STE 909		2.3 STREET ADDRESS 1625 Hendry Street, #301	
CITY-ST-ZIP WEST PALM BEACH FL		2.4 CITY-ST-ZIP Fort Myers, FL 33901	
TITLE VSTD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUELLER, SANDRA		3.2 NAME Mueller, Sandra	
STREET ADDRESS 777 SOUTH FLAGLER DR., STE 909		3.3 STREET ADDRESS 1625 Hendry Street, #301	
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP Fort Myers, FL 33901	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Humphrey 4-27-99 941-334-8125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0320891

CR2E034 (11/98)