

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

FILED  
Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G92284** (0)  
1. Corporation Name  
**OKEECHOBEE TRADING CORP.**

Principal Place of Business <b>555 COLORADO AVENUE P.O. DRAWER 837 STUART FL 34995</b>	Mailing Address <b>555 COLORADO AVENUE P.O. DRAWER 837 STUART FL 34995</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/21/1984**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>59-2552318</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ATKINSON, DENISE  
3369 SW 75TH AVE  
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, EDWARD W.</b>	
STREET ADDRESS	<b>315 SW MAPP RD</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, RUBY H.</b>	
STREET ADDRESS	<b>315 SW MAPP RD</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, ERMA O.</b>	
STREET ADDRESS	<b>425 SW MAPP RD</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SD</b>
32 NAME	<b>Miller, EDWARD TROY</b>
33 STREET ADDRESS	<b>325 S.W. Mapp Rd.</b>
34 CITY-ST-ZIP	<b>PALM CITY FL 34990</b>
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME	
63 STREET ADDRESS	
64 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)