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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H40280

1. Corporation Name
OLRI CORPORATION

Principal Place of Business
1525 S. PALMWAY
LAKE WORTH
FL 33460

Mailing Address
1525 S. PALMWAY
LAKE WORTH
33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1-29-85

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0031344
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 | Country 25 | Zip 29 | Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
OLAVI MAKI
1525 S. PALM WAY
LAKE WORTH FL. 33460

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: Olavi Maki (Signature typed or printed name of Registered Agent is not acceptable) (NOTE: Registered Agent's signature required when reinstating) DATE 4/8/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OLAVI MAKI	1.2 NAME	
STREET ADDRESS	1525 S. PALM WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RITVA MAKI	2.2 NAME	
STREET ADDRESS	1525 S. PALM WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JANNE MAKI	3.2 NAME	
STREET ADDRESS	8688 RODEO DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SARI DAVENPORT	4.2 NAME	
STREET ADDRESS	2515 OAK GARDEN	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD 33020	4.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	KRISTINA HANNA	5.2 NAME	
STREET ADDRESS	520 N.W. 7th ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	5.4 CITY-ST-ZIP	500002503785 04/28
TITLE	☐ DELETE	6.1 TITLE	-04/28/98--01103--001 ☐ Change ☐ Addition
NAME		6.2 NAME	***158.75
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.

SIGNATURE: Olavi Maki 4/8/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)