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

4. FEI Number: 65-0031344 ☐ 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 Fees

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

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

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

61 Name
62 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: X Olavi Maki (signature) — DATE 4/8/98

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

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	OLAVI MAKI	
STREET ADDRESS	1525 S. PALM WAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	☐ DELETE
NAME	RITVA MAKI	
STREET ADDRESS	1525 S. PALM WAY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VP	☐ DELETE
NAME	JANNE MAKI	
STREET ADDRESS	8688 RODEO DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	☐ DELETE
NAME	SARI DAVENPORT	
STREET ADDRESS	2515 OAK GARDEN	
CITY-ST-ZIP	HOLLYWOOD 33020	
TITLE	DS	☐ DELETE
NAME	KRISTIINA HANNA	
STREET ADDRESS	520 N.W. 7th ST	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	500002503	
6.1 TITLE	-04728798--01103--0	☐ Change ☐ Addition
6.2 NAME	***158.75	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4/28

CR2E034 (10/97)

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: X Olavi Maki (signature) — 4/8/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #