

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 20 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 481422

1. Corporation Name

Principal Place of Business

Mailing Address

O'CON ENTERPRISE, INC
821 N. 21ST AVE
HOLLYWOOD FL 33020

2. Principal Place of Business

21 821 N. 21ST AVE

2a. Mailing Address

26 P.O. Box 22-1721

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HOLLYWOOD, FL

City & State

28 HOLLYWOOD FL

Zip

24 33020

Country

25 BROWARD

Zip

29 33020

Country

30 BROWARD

3. Date Incorporated or Qualified

1985

3a. Date of Last Report

1996

4. FEI Number

59-2656897

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DON O'CONNELL
3584 ATLANTA STREET
SAME HLWD FL
33021

81 Name DON O'CONNELL

82 Street Address (P.O. Box Number is Not Acceptable)
3584 ATLANTA ST

83

84 City HOLLYWOOD

FL

85 Zip Code 33021

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME A. DAWN O'CONNELL
STREET ADDRESS 3801 N. 40TH AVE
CITY-ST-ZIP HLWD FL 33021

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
800002220818-7
-06/24/97--01008--016
****165.00 ****165.00

TITLE V.P.
NAME DON O'CONNELL
STREET ADDRESS 3584 ATLANTA ST
CITY-ST-ZIP HOLLYWOOD FLA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/97 954-920-6700

Date

Daytime Phone #

CR2E034 (9/96)