Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90028 014 ***150.00

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

DOCUMENT

1. Corporation Name

OCTAGO!	n associates, inc.				
Principal Place	of Business	Mailing Address			
655 21ST ST. (329631399) 655 21ST ST. (329631399)					
P.O. BOX 6370 P.O. BOX 6370				DO NOT WRITE IN THIS	CDACE
VERO BCH. FL 32961-3370 VERO BCH. FL 32961-3370				3 Date Incorporated or Qualifed	SPACE
		_		02/21/1986	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2651478	Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		Q.	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	angible
24	25	29 3	0	Personal Property Tax.	☐ Yes 🌠 No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
			81 Name		i
HAMILTON, S. THOMAS JR.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
655 21ST ST.			OI SHEET AGG	read (1.6. Box Humber to Her tocopiasio)	
VERO) BCH. FL 32961		83		
			84 City	FL	85 Zip Code
l office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State of n familiar with, and accept the obligat	of Florida. Such change was aut	norized by the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	changing its registered ntment as registered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: R	legistered Agent signature require	ed when reinstating) DATE	
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	OP	☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	PERKINS, LOUIS E.		1.2 NAME		
STREET ADDRESS	4005 20TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DONALD D. GOLD		2.2 NAME		
STREET ADDRESS	655 21ST STREET		2.3 STREET ADORESS		•
CITY-ST-ZIP			-		
	VERO REACH EL		2 4 CITY-ST-7IP		
	VERO BEACH FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE	DT	☐ DELETE			Change, Addition
TITLE NAME	DT HAMILTON, S. THOMAS, JR	☐ DELETE	3.1 TITLE 3.2 NAME		Change, Addition
TITLE NAME STREET ADDRESS	DT HAMILTON, S. THOMAS, JR 655 21ST ST. #200	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change, Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAMILTON, S. THOMAS, JR 655 21ST ST. #200 VERO BEACH FL	☐ DELETE	3.1 TITLE 3.2 NAME	- · · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE NAME STREET ADDRESS	DT HAMILTON, S. THOMAS, JR 655 21ST ST. #200		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

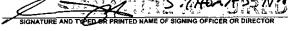
TITLE

NAME

TITLE

NAME

VERO BEACH FL



Change

Change

Addition

☐ Addition