## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996	Co We the	DIVISION OF	DIVISION OF CORPORATIONS					
1. Corporation	MENT # OTROPIC, INC.	J50445	5 (2)						
Principa! Place	of Business		Mailing Address				TINGI BIAR BANA	i araix didii B	idia digut quan laga
5425 N.W.	en M. Chamberlain 69th dr. Le Fl 32653		C/O STEVEN M. CI 5425 N.W. 69TH DE GAINESVILLE FL 32	ì.		Date Incorporated or Qualified	Sn Da	te of Last F	tanort
			US			01/01/1987	Jan. Da	08/10/1	
	ace of Business		2a. Mailing Address			4. FEt Number			Applied For
Suite, Apt.	# etc		Suite, Apt. #, etc.			59-2746505			Not Applicable
22	., 5.0.		27			5. Certificate of Status Desired			Additional Required
City & State	)		City & State		<del></del>	Election Campaign Financing     Trust Fund Contribution	[]	\$5.0	May Be
Zip	Coun	try	Zip	Coun	try	8. This corporation has fiability for	intangible t		
24	9. Name and Addi	ress of Current D	29 Agent	30		l	S []No	A	
	S. Fidino dila Fidal	icas or content it	ogiateieo Agent		31 Name	10. Name and Address of New I	Hegistered	Agent	
SMITH	, RANDALL J.			_	32 Street Add	dress (P.O. Box Number is Not Acceptal	blo)		
5425 I	W 69TH DR.				Street F.du	aress (r.o. box Number is Not Acceptal	ыөј		
GAINE	SVILLE FL 32606-	32603		E	33				
				8	34 City			85 Zi	p Code
11. Pursuant to	o the provisions of Sec	tions 607 0500 an			i		FL	_	
			d 607 1508. Florida Statut	ac the about	o named coupe	vistion pubmits this etatement for the			. ) (6
or registere	eu agent, or both, in th	ie State of Fiorida. (	Such change was authoriz	ed by the co	e-named corpo rporation's troa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of ch pointment a	anging its r s registered	egistered office l agent. I am
familiar wit	eu agent, or both, in th	ie State of Fiorida. (	d 607.1508, Florida Statut Such change was authoriz 607.0505, Florida Statutes	ed by the co	e-named corpo prporation's troa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of choointment a	anging its r s registered	egistered office agent. I am
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oath, that I am an officer or cirector of the corporation or the receiver or fusitee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 12 if changed, or optimal achieves the same appears in Block 12 or Block 12 if changed, or optimal achieves the same appears in Block 12 or Block 12 if changed, or optimal achieves the same and that my name appears in Block 12 or Block 12 if changed, or optimal achieves the same and that my name appears in Block 12 or Block 12 if changed, or optimal achieves the same and that my name appears in Block 12 or Block 12 if changed, or optimal achieves the same and that my name appears in Block 12 or Block 12 if changed, or optimal achieves the same and that my name appears in Block 12 or Block 12 if changed, or optimal achieves the same and that my name appears in Block 12 or Block 12 if changed, or optimal achieves the same and that my name appears in Block 12 or Block 12 if changed, or optimal achieves the same and that my name are same are same and that my name are same are same and that my name are same are same

SIGNATURE: \_

RINTED NAME OF SIGNING OFFICER OR DIRECTOR