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

Apr 20 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (1)O.F.E., INC. Mailing Address Principal Place of Business 1630 SANDALWOOD BLVD. 1630 SANDALWOOD BLVD JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1988 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 59-2917096 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name O'NEILL, STEPHEN 1450 OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BEACH FL 32233 83 City 84 Zip Code 85 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 lifle if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE O'NEILL, STEPHEN E. NAME 1.2 NAME 1450 OCEAN BLVD. 1.3 STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 1.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE O'NEILL, HELEN 2.2 NAME NAME 1450 OCEAN BLVD. 2.3 STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE O'NEILL, DINA J 3 2 NAME NAME 1450 OCEAN BLVD. 3.3 STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL CITY-ST-ZIP 3.4. CITY - \$1 - ZIP Change Addition DELETE TITLE 4.1 TITLE BEAKES, O C 4. 2 NAME NAME 836 RIVERSIDE AVE. 4.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5 3 STREET ADDRESS** 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 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 suppliemental 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.

**FILED**