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 # K56465

OLIN/HERBERT LIMITED, INC.

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.

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90019 023 ***150.00

ONLY BURNE BURN BURN	

Principal Place of Business Mailing Address			- 1 INDERNIA NERI BIRID BRITIR BYBIC BILIA BIRIY DIBRI DIBRI BYBIL BYBYI BIRI	I 118() IOB)		
424 BYWATER DR			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	
					01/03/1989	
2. Principal P	al Place of Business 2a. Mailing Address				1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>	ed For
21	ш :	26 Suite Act # etc			59-2924547 Not A	Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Requ	
City & Stat	e	City & State			6. Election Campaign Financing S5.00 M. Trust Fund Contribution Added to	-
Zip	Country	⊢ ' ←	Country		8. This corporation owes the current year Intangible	.
24	25	29 30			1	No ·
	9. Name and Address of Current	Registered Agent	04	Nama	10. Name and Address of New Registered Agent	-
Ot lk	L CEODGE B		81	Name		
OLIN, GEORGE P.		82	Street Add	dress (P.O. Box Number is Not Acceptable)	والجارية مالما	
ORL	ANDO FL 32839		83			
	4		84	City	El 85 Zip Co	de
44 15 14 14 14 14	4. 4	and 607 1509. Florido Statutos, th		namad can	poration submits this statement for the purpose of changing its re-	nistered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was authori	ized by	the corporati	ition's board of directors. I hereby accept the appointment as regis	tered
SIGNATURE	·					
	Signature, typed or printed name of registered agent a			it signature requir	red when reinstating). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	2 IN 12
12.	OFFICERS AND		13. .1 TITLE		······································	Addition
	OLIN, GEORGE P.		.2 NAME			
NAME				ADDRESS		[]
STREET ADDRESS	ORLANDO FL		.4 CITY-ST		<u>.</u>	
CITY-ST-ZIP TITLE	DV .		A TITLE	1-2F	Change	Addition
NAME	HERBERT, GLENDON		2 NAME		_ · · ·	_
STREET ADDRESS				ADDRESS		
	NEW SMYRNA BCH FL		. 4 CITY-S			
CITY-ST-ZIP	NEW OWNTHING BOTTLE		1 TITLE	1-24	☐ Change	Addition
NAME 1		-	2 NAME		_ · · · · · · · · · · · · · · · · · · ·	}
STREET ADDRESS	BEA BEET 19			ADDRESS		1 - 12 - 12 - 1
CITY-ST-ZIP		3	.4. CITY-S	T-ZIP		
TITLE	····		1 TITLE		☐ Change	Addition
NAME		. 4	. 2 NAME			
STREET ADDRESS		4	.3 STREET	ADDRESS	•	
CITY-ST-ZIP			.4 CITY-ST		·	
TITLE		☐ DELETE 5	d TITLE		☐ Change	Addition
NAME		5	2 NAME		•	
STREET ADDRESS		5	.3 STREET	ADDRESS		
CITY-ST-ZIP	₿*		.4 CITY-ST	r-ziP	<u> </u>	
TITLE		☐ DELETE 6	.1 TITLE		Change	Addition
NAME			.2 NAME			[
STREET ADDRESS	0%0°C	.6	.3 STREET	ADDRESS	•	
CITY-ST-ZIP		6	.4 CITY-S1	T-ZIP		

407 859 855 3