

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K67267 (0)**

1. Corporation Name  
**ODOMASTER FLORIDA, INC.**



Principal Place of Business

P.O. BOX 777  
BRADDOCK PA 15104

Mailing Address

P.O. BOX 777  
BRADDOCK PA 15104

2. Principal Place of Business

21 | **290 ALPHA DRIVE**  
State Apt. #, etc.

22 | City & State

23 | **PITTSBURGH, PA**  
City, State

24 | **15238** 25 | Country

2a. Mailing Address

26 | **290 ALPHA DRIVE**  
State Apt. #, etc.

27 | City & State

28 | **PITTSBURGH, PA**  
City, State

29 | **15238** 30 | Country

9. Name and Address of Current Registered Agent

**SURLOFF, SUSAN G.**  
**9360 N.W. 19TH ST.**  
**PEMBROKE PINES FL 33024**

3. Date Incorporated For Qualified  
**02/21/1989**

3a. Date of Last Report  
**08/15/1995**

4. Filing Number  
**65-0102561**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation has ability to integrate tax under S, 190.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

81 | Name

82 | Street Address (P.O. Box Number is Not Acceptable)

83 |

84 | City

**FL**

85 | Zip Code

11. Pursuant to the provisions of Sections 602.001 and 602.005, 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, which change was approved by the corporation's board of directors. Thereby, it accepts the appointment as registered agent. I am familiar with and accept the obligations of a registered agent in Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	NAME	<b>P ZLOTNIK, ARNOLD H.</b>	<input type="checkbox"/> DELETE
12.2	STREET ADDRESS	<b>124 ROCKWOOD DR</b>	
12.3	CITY, STATE, ZIP	<b>PITTSBURG PA</b>	
12.4	NAME		<input type="checkbox"/> DELETE
12.5	STREET ADDRESS		
12.6	CITY, STATE, ZIP		
12.7	NAME		<input type="checkbox"/> DELETE
12.8	STREET ADDRESS		
12.9	CITY, STATE, ZIP		
12.10	NAME		<input type="checkbox"/> DELETE
12.11	STREET ADDRESS		
12.12	CITY, STATE, ZIP		
12.13	NAME		<input type="checkbox"/> DELETE
12.14	STREET ADDRESS		
12.15	CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	STREET ADDRESS		
13.3	CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	NAME		
13.5	STREET ADDRESS		
13.6	CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	NAME		
13.8	STREET ADDRESS		
13.9	CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME		
13.11	STREET ADDRESS		
13.12	CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	NAME		
13.14	STREET ADDRESS		
13.15	CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form was obtained from the best of my knowledge, and that the information is true and correct. I am an officer or director of the corporation and I have authorized this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

*Arnold Zlotnik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARNOLD ZLOTNIK PRESIDENT**

4-1-96 412-968-6800

CR2E034 (12/95)