FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT 1999

DOCUMENT # K75120

1. Corporation Name
O & T ENTERPRISES OF DADE, INC.

99 JUN 17 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
16890 N.W. 78 PLACE HIALEAH FL 33016	16890 N.W. 78 PLACE HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1989

2. Principal Place of Business	2a. Mailing Address
21 5501 King James Ave.	26 5501 King James Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Leesburg, FL	City & State 28 Leesburg, FL
Zip 24 34748 Country 25 LAKE	Zip 29 34748 Country 30 LAKE

4. FEI Number: 65-0104068 ☐ 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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSON, THOMAS A
16890 N.W 78 PLACE
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name: JOHNSON Thomas A.
82 Street Address (P.O. Box Number is Not Acceptable): 5501 King Jame Ave.
83
84 City: Leesburg. 85 FL 86 Zip Code 34748

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JOHNSON, THOMAS A. 16890 N.W. 78TH PLACE HIALEAH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Add DP Johnson, Thomas A. 5501 King James Ave Leesburg, Fl. 34748
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST JOHNSON, OTILIA D. 16890 N.W. 78TH PLACE HIALEAH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Add DST Johnson, Otilia D. 5501 King James Ave. Leesburg FL 34748
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Add 400002915864--5 -06/25/99--01065--007 *****150.00 *****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Add 400002915864--5 -06/25/99--01065--008 ******8.75 ******8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Add ITS

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.

SIGNATURE: Thomas A. Johnson 4-10-99 953-9150
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ANNUAL REPORT