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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

K93225

(6)

DOCUMENT #
1. Corporation Name

ODELL & COMPANY, INC.

Principal Place of Business Mailing Address								
631 LA PENIN NAPLES FL 3								
				3. Date Incorporated or Qualified 3a. Date of I 06/05/1989 04/2			Last Report 24/1995	
2. Principal Pla 21	ce of Business	2a. Mailing Address 26		4. Fet Number 65-1024564			pplied For Iot Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional tequired	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution			) May Be I to Fees	
Ζιρ <b>24</b>	Country <b>25</b>	Ζιρ <b>29</b>	Country 30	_	<b>⊠</b> No		199.032,	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New F	legistered Ag	ent		
	ER, JOHN N.		82 Street Add	ress (P.O. Box Number is Not Acceptat	de)			
	AVENUE SOUTH, SUITE 210 FL 33940		83					
TVAL ELO	16 00010		<b>84</b> City		FI	<b>85</b> Zip	Code	
SIGNATURE	h, and accept the obligations of, Sect Signature spind or protect name of registered agoint OFFICERS AN	smithir dappir akin (*)	iS.  (OTe: Registered Agent squares means	Owner renestational  ADDITIONS/CHANGES TO OFF	DANE ICERS AND D	IBECTO	RS IN 12	
THILE	PD	DELETE	1 TIFLE			Change	Addition	
NAME STREET ADDRESS	RICHARDS, STEPHEN O. 631 LA PENINSULA BLVD		1.2 NAME 1.3 STREET ADDRESS					
C-TY-ST-7-P	NAPLES FL	·	*.4 CHY+S1+ZIP		<u>-</u>			
THE NAME	VST RICHARDS, HELENE E.	[] DELETE	2 1 TILE 22 NAME		LJ	Change	☐ Addition	
STREET ADDRESS	631 LA PENINSULA BLVD NAPLES FL		2.3 STREET ADDRESS					
CITY - ST - ZIP	D	DELETE	2.4 CHY+ST-24F 3.1 THLE			Change	☐ Addition	
NAME STREET ADDRESS	richards, Helene e. 631 la peninsula blvd		3.2 NAME 3.3 STREET ADDRESS					
CITY - ST - ZIP	NAPLES FL	El primir	3.4.0(1Y - S1 - Z(f)			01	- Larre	
TITLE NAME		[] DELETE	4 1 TILLE 42 NAME			Change	☐ Addition	
STREET ACCURESS			4.3 STREET ADDRESS					
CITY ST ZIP			4.4 CiTY+S1+ZIP		<u></u>			
111LE		☐ DELETE	5 1 1/11 [			Change	☐ Addition	
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS					
City-St-ZiP			5.4 City - St. Zif:					
TITLE		DELETE	6 1 T TLF			Change	Addition	
NAME			6.2 NAM:					
STREET ADDRESS			63 STREET ADDRESS					
certify that oath; triat I	the information indicated on this annu	ual report or supplemental an gation or the receiver or trust	inual report is true and accur. see empowered to execute th	for the exemption stated in Section 119 arte and that my signature shall have the is report as required by Chapter 607, Fl	: same legal eff	ect as if	made under	

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING DEFICER OR DIRECTOR PRESIDENT 14/5/96 (941) 642-1832