## 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 # L77312**

1. Corporation Name

OLACOIC COPTIAIADE INC

**FILED** Feb 17, 1999 8:00am **Secretary of State** 

02-17-1999 90039 018 \*\*\*150.00

	C SUPTWARE, INC.								
Principal Plan	ce of Business	Mailing Address			w.Ŧ	†	C ABBRACOTO DEL CODER ROCCO REVALCATORO PARA	016 010{  010   010	BHOLD OLDÍA (ODA
C/O PHILIP D.	LEWIS EST 45TH AVENUE	C/O PHILIP D. LEWIS 911 NORTHWEST 45TH AVENUE COCONUT CREEK FL 33066				DO NOT WRITE IN TI	HIS SPACE		
1000.101 011					•		Date Incorporated or Qualifed 05/31/1990		•
2. Principal F	Place of Business	2a. Mailing Address					FEI Number	. A	oplied For
21		26					65-0197356	No.	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5	Certificate of Status Desired		Additional
22		27			,	J.	Commence of Charles Desired	Fee R	equired
City & Sta	te	City & State					Election Campaign Financing		-May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zip		untry			This corporation owes the current year		IXINo
24	25	29	30				Personal Property Tax.	☐ Yes	IXINO
	9. Name and Address of Currer	nt Registered Agent		81	Name	70.	Name and Address of New Register	en Whelit	
LEW	/IS, PHILIP D.								
	NORTHWEST 45TH AVENUE			82	Street Addres	ddress (P.O. Box Number is Not Acceptable)			
	CONUT CREEK FL 33066			83			2 (2.15)	e de la se siate stratat P.E. 248	5 To at \$ 17 12 6.
								的語詞類	hi ni di
				84	City			85 Zip	Code
SIGNATURE	am familiar with, and accept the obligation of t				signature required v	when re	einstating) DATE		
12.		ND DIRECTORS	13.			Α	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSTD	. DELETE	1.1 TI	TILE		٠.		☐ Change	Addition
NAME	LEWIS, PHILIP D.		1.2 N	IAME					
STREET ADDRESS			135		ADDOCTOR				
CITY-ST-ZIP	COCONUT CREEK FL		7.3 3	TREET	ADDRESS				
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A1 A A AFT		☐ DELETE	1.4 CI 2.1 TI	TTY-ST-				☐ Change	☐ Addition
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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: