

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L93399** (8)

1. Corporation Name
OTEY & ASSOCIATES ACCOUNTING, INC.



Principal Place of Business: **3909 E. BAY DR. SUITE 110 HOLMES BEACH FL 34217 US**
Mailing Address: **3909 E. BAY DR. STE. 110 HOLMES BEACH FL 34217 US**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	29	Zip
25	County	30	County

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	08/10/1990		02/17/1995
4.	FEI Number	Applied For / Not Applicable	
	65-0209479		
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.012, Florida Statutes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent

**OTEY, SHIRLEY
3909 E. BAY DR.
STE. 110
HOLMES BEACH FL 34217**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Section 607.007, Official Code of 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 is authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.007, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTEY, SHIRLEY	2. NAME	
STREET ADDRESS	3909 E. BAY DR., STE. 110	3. STREET ADDRESS	
CITY-STATE-ZIP	HOLMES BEACH FL	4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		27. NAME	
STREET ADDRESS		28. STREET ADDRESS	
CITY-STATE-ZIP		29. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		37. NAME	
STREET ADDRESS		38. STREET ADDRESS	
CITY-STATE-ZIP		39. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		47. NAME	
STREET ADDRESS		48. STREET ADDRESS	
CITY-STATE-ZIP		49. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		57. NAME	
STREET ADDRESS		58. STREET ADDRESS	
CITY-STATE-ZIP		59. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		67. NAME	
STREET ADDRESS		68. STREET ADDRESS	
CITY-STATE-ZIP		69. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this report is valid and true and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 person authorized or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes or an appointment with an address.

SIGNATURE: *Shirley E. Otey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96 (941) 778-6118

CR2E034 (12/95)