## 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 # M99454**

O'CONNOR HOLDINGS, INC.

Mailing Address Principal Place of Business C/O SHARON A. O'CONNOR C/O SHARON A. O'CONNOR 1180 SW CATALINA AVENUE 1180 SW CATALINA AVENUE DO NOT WRITE IN THIS SPACE PALM CITY FL 34990 PALM CITY FL 34990 3. Date Incorporated or Qualifed 09/21/1988 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0070985 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible ⊠No 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent O'CONNOR, SHARON A. 82 Street Address (P.O. Box Number is Not Acceptable) 1180 SW CATALINA AVENUE PALM CITY FL 34990 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 11 mm F TITLE O'CONNOR, SHARON A. 1.2 NAME NAME 1.3 STREET ADDRESS 1180 SW CATALINA AVE. STREET ADDRESS PALM CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 21 TITLE Change TITLE O'CONNOR, BRIAN M. 22 NAME NAME 1180 SW CATALINA AVE. 2.3 STREET ADDRESS STREET ADDRESS PALM CITY FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90083 010 \*\*\*150.00

CR2E034 (11/98)