## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

2401 N. RIVERSIDE DR.

POMPANO BEACH FL 33062

P35507

(3)

OLIVIA FINANCIAL CORP.

FILED
Apr 20 1998 8:00am
Secretary of State



 Date Incorporated or Qualified 09/16/1991

4/12/98

954) 786 9300

2. Principal P	lace of Busin	ness	2	2a, Mailing Address						4. FEI Number Applied For	
21				26						<b>65-0280476</b> Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5, Certificate of Status Desired \$8.75 Additional	
22			27	27						Fee Required	
City & State	9			City & State						6. Election Campaign Financing \$5.00 May Be	
23			28	28						Trust Fund Contribution	
Zip	Country			Zip Coi			8. This corporation owes or has paid the current year			8. This corporation owes or has paid the current year Intangible	
25				30						Personal Property Tax due June 30. 🔀 Yes 🔲 No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM INC.							81 Name				
1201 HAYS STREET							82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 105											
TALLAHASSEE FL 32301							83				
							84	City		85 Zip Code	
							04	City		FL 85 Zip Code	
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											
SIGNATURE	Signature, typical	or printed name of rugistors	d agent and to	tie if applicable	(NOTE	Registere	d Ager	ni signatur	e required	od when reinstaling) DATE	
12.		OFFICERS	AND DIR			13,	-			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT			[	DELETE	1.1 []	TLE			Change Addition	
NAME		se, H. Werner				1.2 N	AME				
STREET ADDRESS	2401	n. Riverside dri	VE	1.3 \$			TREET.	ADDRESS			
CITY-ST-ZIP	POMP	ANO BEACH FL				1.4 CI	ITY - S1	T-ZIP			
TITLE	\$				DELETE	2.1 1	TLE		1	Change Addition	
NAME	KRAU	SE, MARY P				2.2 N	AME				
STREET ADDRESS	2401	N. RIVERSIDE DRI	VΈ			23 \$1	IREET :	ADDRESS			
CITY-ST-ZIP	POMP	ANO BEACH FL				2 4 0	ITY-S	IT-ZIP			
TITLE		-1			DELETE	3.1 T		_	1	Change Addition	
NAME						3.2 N	AME		1		
STREET ADDRESS						3.3 \$3	REET	ADDRESS			
CITY-ST-ZIP						34.0	IIY-S	T - 71P	1		
TITLE					DELETE	4.1 TI			<u> </u>	Change Addition	
NAME						4.2 N					
STREET ADDRESS								ADDRESS	1		
CITY-ST-ZIP							TY-ST				
TITLE	<del>=</del>				DELETE	5.1 (1)			t	Change Addition	
NAME						5.2 N					
STREET ADDRESS						4 "		ADDRESS	ĺ		
CITY-ST-ZIP							ity-Si				
TITLE					DELETE	6.1 TI			†	Change Addition	
NAME				_		6.2 N/			1	· _	
STREET ADDRESS								ADDRESS			
CITY-ST-ZIP					1		TY-51				
	ertify that th	e information supplie	d with this	s filing does	not qualify fo				ed in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information	
14. Thereby certify that the information supplied with this filling 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 supplicmental annual report as a couract and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the cocypiration of the receipt 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 attackment with an address.											