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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P40133

THE OLIVER GROUP, INC.

LILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90058 046 ***150.00



Principal Place	of Business	Mailing Address				*		
10065 EMERLAD	COAST PKWY	10065 EMERALD COAST PKW	Υ					
SUITE C-3		SUITE C-3			DO NOT MOITS IN TUIC COACS			
DESTIN FL 32541			DESTIN FL 32541		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualife	ed		1
					08/20/1992			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
2. Principal Place of Business		26 Same as above			63-0942665		Not	Applicable
21 Same as above		Suite, Apt. #, etc.				\$	8.75 A	dditional
Suite, Apt. #, etc.					5. Certifcate of Status Desired		Fee Req	luired
22		City & State			& Election Compaign Figureis	ıa (15 00 k	May Be
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23		28	Country			·		
Zip	Country	Zip	Country	•	8. This corporation owes the c	urrent year intangit	vac f	⊠ ‰
24	25	29 3	0		Personal Property Tax.			
	9. Name and Address of Current	t Registered Agent		,	10. Name and Address of New	w Registered Agei	π	
			81	Name				
	E, WILLIAM A		82	Street Add	Iress (P.O. Box Number is Not Acce	ptable)		
1006	5 EMERAL COAST PKWY		02	Street Add	and the second second second second	Richard Programme	در و درج	gar god to set go
SUIT	E C-3		83	1	10.00		ւն - իր կ	5. 福祉 [6]
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520.			84	City		E1 . 8	5 Zip C	ode
72 77 0				<u> </u>		FL	1	-t)
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the abov	e-named con	poration submits this statement for t	ne purpose or char cent the appointme	nging its i	istered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obligat	of Florida, Such change was autions of Section 607.0505 (Florida	nonzeo oy Ia Statutes	s	ions board of directors. Thereby pe	1 2		1001
agent. i a	Im tarrillas was, and accept the obligat	100	1 55		ATT L	~ 124	2. 1.4	499 I
			1 VV	74 L/VL 1				
SIGNATURE	Street up broad or stripted from the pastered agent	t and title if applicable. (NOTE: R	legistered Age	nt signature requir	red when reinstating)	DATE	-)	123
			legistered Age	nt signature requir	red when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND D	IRECTO	RS IN 12
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12 .	OFFICERS AN		13. 1.1 TITLE		red when reinstating) ADDITIONS/CHANGES TO			
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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.

6.4 CITY-ST-ZIP

SIGNATURES

CITY-ST-ZIP