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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

L	1996	S. J.	DIVISION OF	CORPO	DRATI	ONS	;				
DOCUI 1. Corporation	MENT # P9200	000	07314 (7	7)							
OLYM	IPIA OCOEE, INC.										
											3
Principal Place	of Business	 M	ailing Address								
222 SOUTH WESTMONTE DR 222 SOUTH WESTMO					עוב טס						
STE. 210			SUITE 210								
ALTAMONTE SPRINGS FL 32714 US			ALTAMONTE SPRINGS FL 32714 US				Date incorporated or Qualified	3a. Date	of Laci	Donort	
								11/20/1992			1995
	ace of Business	~~~	Mailing Address					4. FEI Number		<u>-</u>	Applied For
Suite, Apt.	# ptc	26	Suite, Apt. #, etc.					59-3173047			Not Applicable
22	, 0.0.	27	Scale, Apt. #, etc.					5. Certificate of Status Desired			75 Additional e Required
City & State	}		City & State					6. Election Campaign Financing			.00 May Be
23	7	28		· •				Trust Fund Contribution			ded to Fees
Zip -	Country 25		Zφ	·	ountry	/		8. This corporation has liability for in		under	s 199.032,
24	9. Name and Address of Current	29 Regis	tered Agent	30				Florida Statutes Yes 10. Name and Address of New Re			
		Y			81	Na	ane	TO THE PROGRAM OF THE WITE	gistered A	gent	
TATICH, PHILIP					82	Q1	root Addroo	s (P.O. Box Number is Not Acceptable	-\		
101 SOUTHHALL LN							reet Addres	ss (i .o. box number is not Acceptable	e)		
SUITE 285					83						
MAITLAND FL 32751					84	Cit	ty	₽ ■ 85 Zip Code			
11. Pursuant t	o the provisions of Sections 607 0502	and 63	7 1508 Florida Statutos	tion of	20110		d corocrat		FL	1 1	•
or register	o the provisions of Sections 607.0502 and agent, or both, in the State of Florida h, and accept the obligations of, Section	Buch	charige was authorized	d by the	corp	oratio	on's board	of directors. I hereby accept the appo	xose of chan intment as ri	ging it: egister	s registered office ed agent. I am
SIGNATURE _	ny and dosopic trie congenions of pectic	as 007 .	0000, Florida Statties.								
	Signature, typed or printed name of registered agent a		·	. Registe	ed Agen	it signa	ature required w		DATE		
12. Title	OFFICERS AND	DIREC	TORS DELETE	13				ADDITIONS/CHANGES TO OFFIC			
NAME	KANTOR, JOSEPH		☐ pereie		TIPLE					Chang	Addition
STREET ADDRESS	4972 SHORELINE CIRCLE				NAME STREET	, YUUD	cce				
CITY-ST-ZIP	SANFORD FL				CITY-S						
TITLE	V		DELETE		TIFLE	211				Change	e
NAME	MERDINGER, STEVEN			2.2	NAMÉ					·	
STREET ADDRESS	888 SEVENTH AVE., STE. 29	00		23	STREET	ADDRI	ESS				
CITY-ST-ZIP TITLE	NEW YORK NY	-	Doctor		CITY-S	1 - ZIP					
NAME			DEFELE		TITLE NAME					Change	Addition
STREET ADDRESS					NAME STREET	AUUD I	ESS				
CITY-ST-ZIP					CHTY-SI		11.00				
TATLE			DELETE		TITLE					Change	Addition
NAME				4.2	NAME						
STREET ADDRESS				4.3	STREET.	ADDRE	ESS				
CITY-ST-ZIP TITLE			ET DOLOTE		CITY - ST	T - ZIP					
NAME			☐ DELETE		TITLE NAME					Change	Addition
STREET ADDRESS					STREFF:	Afines	-88				
CITY-ST-ZIP					CITY-SI		-55				
TITLE			DELETE		TITLE					Change	Addition
NAME				6.2	NAME					-	
STREET ADDRESS				6.3	STREET A	ADDRE	ss				Ì

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 this 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 en an attachment with an address.

SIGNATURE:

SIGNATURE:

Date

CR2E034 (12/95)