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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

P93000001199 (7) **DOCUMENT #** 1. Corporation Name

OII VED	THREAD	TAH	<b>ODG</b>	INC

Principal Place of Business 2877 S.E. OCEAN BLVD. STUART FL 34996

Mailing Address

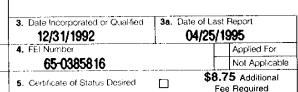
2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

2877 S.E. OCEAN BLVD. STUART FL 34996



\$5.00 May Be

23		28			Trust Fund Contribution		Added to Fees
	Zip Country	Zip	Country		This corporation has liability for		nders 199.032,
24	25	29	30		Trongs otekenes	□ No	
	<ol><li>Name and Address of Current I</li></ol>			10.	Name and Address of New R	egistered Age	∌nt

NOLAN, CINDY P **544 SW BAILEY TERRACE** 

PORT ST. LUCIE FL

	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
B4	City 85 Zip Code

6. Election Campaign Financing

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.

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELFTE	1.118(E	Change Additio
NAME	NOLAN, CINDY P	1.2 NAME	
STREET ADDRESS	544 SW BAILEY TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CIFY - ST - 2IP	
TITLE	☐ DELETE	2 1 TITLE	Change Additio
NAME		2 2 NAME	
STREET ADEIRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		24 CiTY ST-ZIP	
TITLE	☐ DELETE	3 1 TOTLE	☐ Change ☐ Additio
NAME :		3 2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZP		3.4 C(1.Y - S1 - Z)P	
TITLE	☐ DFLETE	4. LTIFLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-SI-2IP		4.4 CITY - ST - Z.P	
TIFLE	☐ D£LE¶€	5 1 TETLE	Change Addition
NAME		52 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CHY-S1-70P	
TITLE	DELE IF	€ 1 TITLE	Change Addition
NAME		6.2 NAMÉ	
STREET ADDRESS		63 STHEFT ADDRESS	
OUTH OT NO		6.4 CITY , ST - 7IP	

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)(b). 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 trusted 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.

PALLIN YPED ON PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

4/1/56 407-287-8545 Date Date Phone #