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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STAT

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000003723 (2)

OCTAVO DESIGN & PRODUCTION, INCORPORATED

FILED Jan 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address	
1052 WEST SR 436 1052 WEST SR 436	
STE 2072 STE 2072	
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714	DO NOT WRITE IN THIS SPACE
US US	3. Date Incorporated or Qualified
Principal Place of Business 2a, Mailing Address	01/15/1993 4. FEI Number Applied For
21 26	59-3165398 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	\$8.75 Additional
22 27	5. Certificate of Status Desired
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 28	Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes or has paid the current year Intangible
24 25 29 30 30 9, Name and Address of Current Registered Agent	Personal Property Tax due June 30, Yes No 10, Name and Address of New Registered Agent
Dd Name	
OLOA DEADL LAVE ONLICENAV	FRANK M. JOLEY
ALTAMONTE SPRINGS FL 32714	Street Address (P.O. Box Number is Not Acceptable)
83	
84	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 laptical with age accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE FRANK	M. SOLEY 1/16/28
Algoritine, typed or printed rains or registered agant and the Mapplicable. (NOTE, Registered Agent	signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2017/ 7011/11	☐ Change ☐ Addition
OLD A DEADL LAVE	Description
ALTALIONEE CODINGO E	
CITY-ST-ZIP ALTAMUNTE SPHINGS FL 1.4 CITY-ST- TITLE VS LOELETE 2.1 TITLE	Change Addition
NAME VELASQUEZ, ROBERT 22 NAME	
STREET ADDRESS 638 SWEETWATER COVE BLVD S 2.3 STREET AL	DDRESS
CITY-ST-ZIP LONGWOOD FL 2. 4 CITY-ST-	i
TITLE DELETE 3.1 TITLE	Change Addition:
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET AG	DDRESS
CITY-ST-ZIP 3.4. CITY-ST-	-ZIP
TITLE DELETE 4.1 YITLE	Change Addition
NAME 4, 2 NAME	
STREET ADDRESS 4.3 STREET AD	DORESS
CITY-SI-ZIP 4.4 CITY-SI-	
TITLE L. DELETE 5.1 TITLE	Change L Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET AL	
CITY - ST - ZIP	ZIP Change Addition
<u> </u>	Addition
NAME 6.2 NAME 5.3 STREET ADDRESS 6.3 STREET ADDRESS	nnasce
	on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

4. 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 an attachment with an address.

SIGNATURE:

LICATIME PINCESED

116/91 407-612-7075