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Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000005585 (3)

1. Corporation Name
OPM #1, INC.



Principal Place of Business
4515 S TAMiami TR
SARASOTA FL 34231

Mailing Address
~~4515 S TAMiami TR~~
~~SARASOTA FL 34231-8455~~

3. Date Incorporated or Qualified: 01/19/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 65-0386973

Applied For: Not Applicable

21 Suite, Apt. #, etc.

26 4515 S. TAMiami TR

5. Certificate of Status Desired:

\$8.75 Additional Fee Required

22 City & State

27 SARASOTA, FL

6. Election Campaign Financing Trust Fund Contribution:

\$5.00 May Be Added to Fees

23 Zip

24 Country

28 34231

30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERANDEZ, JOSE
7211 N. DALE MABRY HWY
TAMPA FL 33815

81 Name

82 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: GREEN, DAVID S
STREET ADDRESS: 5620 CRESTHILL DR
CITY - ST - ZIP: TAMPA FL 33615

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: [Signature] DATE: 3/3/97 DAYTIME PHONE # 813-931-7519, 813-220-0436

CR2E034 (9/96)