

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000062216 (4)**

1. Corporation Name

OPPORTUNITY NOW, INCORPORATED



Principal Place of Business

**750 SOUTH OCEAN BLVD
SUITE 7N
BOCA RATON FL 33432
US**

Mailing Address

**750 SOUTH OCEAN BLVD
SUITE 7N
BOCA RATON FL 33432
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

g. Name and Address of Current Registered Agent

**SMITH, HAROLD M
750 SOUTH OCEAN BLVD
SUITE 7N
BOCA RATON FL 33432**

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 607.011 and 607.013, 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 607.06(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

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1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.

1. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form 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. I am an officer or director of the corporation or the registered or proposed person 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 in an addition listed with amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 96 800-860-6525

CR2E034 (12/95)