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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000066887**

1. Corporation Name
OCTO, INC.



Principal Place of Business
**3585 E. SANDPIPER DRIVE
 SUITE 6
 BOYNTON BEACH FL 33436**

Mailing Address
**3585 E. SANDPIPER DR.
 STE. 6
 BOYNTON BEACH FL 33436
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 17683 83RD PLACE NORTH

2a. Mailing Address
26 17683 83 PLACE NORTH

3. Date Incorporated or Qualified
09/12/1994

4. FEI Number
65-0520963

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
 City & State

27 Suite, Apt. #, etc.
 City & State

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 **LOXAHATCHEE FL**

28 **LOXAHATCHEE FL**

6. Elector Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 **33470** 25 **US**

29 **33470** 30 **US**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNELL, CHRISTOPHER
 3585 E. SANDPIPER DR.
 STE. 6
 BOYNTON BEACH FL 33436**

81 Name **SNELL CHRISTOPHER**
 82 Street Address (P.O. Box Number is Not Acceptable)
17683 83RD PLACE NORTH
 83
 84 City **LOXAHATCHEE** 85 Zip Code **FL 33470**

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 DELETE
 NAME **D SNELL, CHRIS**
 STREET ADDRESS **3858 E. SANDPIPER DR. SUITE 6**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

1.1 TITLE Change Addition
 1.2 NAME **SNELL, CHRIS**
 1.3 STREET ADDRESS **17683 83RD PLACE NORTH**
 1.4 CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

14. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Christopher Snell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/21/99** Daytime Phone # **(561) 706-7146**

CR2E034 (1/198)