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CORPORATION ANNUAL REPORT

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:30

DOCUMENT # P94000077790 (1)

1. Corporate Name

OLSON GROUP INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
939 JADE COURT FORT LAUDERDALE FL 33326	939 JADE COURT FORT LAUDERDALE FL 33326

3. Date of Last Report: 10/24/1994

3a. Date of This Report

2. Principal Place of Business 21 10242 NW 47TH ST.	2a. Mailing Address 26 10242 NW 47TH ST	4. FEI Number 65-0550070	Applied For Not Applicable
Suite, Apt. #, etc. 22 #39	Suite, Apt. #, etc. 27 #39	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 SUNRISE FLORIDA	City & State 28 SUNRISE, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33351 Country 25 USA	Zip 29 33351 Country 30 USA	8. This corporation has liability for corporate tax under S. 220.032, Florida Statutes: ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OLSON, GLENN 939 JADE COURT FORT LAUDERDALE FL 33326	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 607.1509, 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: Glenn W. Olson, PRESIDENT 2/14/95

Typed or printed name of Registered Agent and Title if applicable — NOTE: Registered Agent's signature required for filing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	GLENN W. OLSON	12 NAME	
STREET ADDRESS	10242 N.W 47TH ST. SUITE 39	13 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL. 33351	14 CITY-ST-ZIP	
TITLE	MOUREEN EXECUTIVE VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	MAUREEN A. OLSON	22 NAME	
STREET ADDRESS	10242 N.W 47TH ST SUITE 39	23 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL. 33351	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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: Glenn W. Olson PRESIDENT 2/14/95 305-742-7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0234010 CP