

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 23 1998 8:00am
Secretary of State

DOCUMENT # P94000077790 (1)

1. Corporation Name

OLSON GROUP INTERNATIONAL, INC.



Principal Place of Business

10242 NW 47 STREET
SUITE 39
FORT LAUDERDALE FL 33351
US

Mailing Address

10242 NW 47 STREET
SUITE 39
FORT LAUDERDALE FL 33351
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	10242 NW 47 th STREET	26	10242 NW 47 th
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite 45	27	Suite 45
City & State		City & State	
23	SUNRISE, Florida	28	SUNRISE Florida
Zip	Country	Zip	Country
24	33351	25	USA
29	33351	30	USA

3. Date Incorporated or Qualified

10/24/1994

4. FEI Number

65-0550070

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OLSON, GLENN W.
1382 GINGER CIRCLE
WESTON FL 33326

10. Name and Address of New Registered Agent

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	P	1.1 TITLE	☒ Change ☐ Addition
NAME	OLSON, GLEN W.	1.2 NAME	
STREET ADDRESS	10242 NW 47 STREET SUITE 39	1.3 STREET ADDRESS	10242 NW 47 th St Suite 45
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	OLSON, MAUREEN A.	2.2 NAME	
STREET ADDRESS	10242 NW 47 STREET SUITE 39	2.3 STREET ADDRESS	-10242 NW 47 th St Suite 45
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Glenn W. Olson 1/17/98 954.742.7712

CR2E034 (10/97)