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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000078137 (4)

OKB INC.

## **FILED** Jan 29 1997 8:00am Secretary of State



	I Co					
Principal Place of Business Mailing Address				1 10E/1681 110 (010) 21Rt. ddail 0211/1 2014 4841 (825) 1842 (1828 (1911 (02) 1881		
3427 S. ORANG ORLANDO FL S		1217 BUCKWOOD DRIVE ORLANDO FL 32806-7033				
US					3. Date Incorporated or Qualified	3a. Date of Last Report
					10/25/1994	02/07/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied Fo
11		26			58-2145670	Not Applic
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additiona
2		27				Fee Required
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be
3 7.0	Country	28	Countr		Trust Fund Contribution	Added to Fees
Zip 4	<b>├</b> ─ <b>¬</b>	Zip	30	y	8. This corporation has liability for Florida Statutes	infangible tax under s. 199.03 ☑ Yes  □ No
4	9. Name and Address of Curren		301		10. Name and Address of New Re	
DAV			81	Name		
	outh, oliver k 7 Buckwood Drive					
			82	Street Add	ress (P.O. Box Number is Not Acceptal	ie)
UHL	ANDO FL 32806-0733		83	<del> </del>		
			L			
			84	City		FL 85 Zip Code
agent. I a SIGNATURE	Signature, typed or printed name of registered ag	est and title it applicable (NOTE	Registered Ag		tion's board of directors. I hereby acce	DATE
12.	OFFICERS AN	ID DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFI	······································
TOTALE	P	☐ DELETE	1.1 TITLE			Change Ad
NAME	BAYOUTH, OLIVER K		1.2 NAME			
STREET ADDRESS	1217 BUCKWOOD DRIVE			T ADDRESS		
CITY - ST - ZIP	ORLANDO FL	[ ] prints	1.4 CITY -	ST-ZIP		☐ Change ☐ Ad
TITLE	VP	☐ DELETE	2.1 TITLE	į.		ET change   ET vo
NAME	REGUERO, RICARDO		2.2 NAME			
STREET ADORESS	1912 CALLE PLATANILLO			T ADDRESS		1.7
CHY+ST-ZIP TITLE	SAN JUAN PU ST	DELETE	2. 4 City- 3.1 Title	SI-ZIP		Change
NAME	BAYOUTH, LILLIAN R.	DECETE	3.2 NAME			
STREET ADDRESS	1217 BUCKWOOD DR			T ADDRESS		
CITY - ST - ZIP	ORLANDO FL		3.4. CITY-			
TITLE	AI WAIRA I P	DELETE	4,1 TITLE			Change Ad
NAME			4. 2 NAM			
STREET ADDRESS				TADDRESS		
CITY - ST - ZIP			4.4 CITY	<b>\$</b>		
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NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREE	T ADDRESS		
CHY-SI-ZP			5.4 CITY -			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Ad
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		
	by certify that the information supplie	ed with this filing does not qualif			d in Section 119.07(3)(i), Florida Statute	s. I further certify that the

information indicated on this annual report for 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, frustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 12 or Block 13 if changed, or on an attackment with an address.

SIGNATURE