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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400085401

	otel group, inc.						
Principal Plac	e of Business	Mailing Address			1 10 0 (10 0 0 10 10 10 10 10 10 10 10 10 10 10	IDI IDIBI DIRIL DEI	
5711 E HIGHW	AY 98	5711 E HIGHWAY 98					
PANAMA CITY FL 32404 PANAMA CITY FL 32404					DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed	IIS SPACE	
					11/23/1994		
2 Principal P	Hace of Business	2a. Mailing Address			4. FEI Number		Applied For
2. Principal Place of Business		26		59-3282098	⊢ +-	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_		Additional	
22		27		5. Certificate of Status Desired		Required	
22)		City & State		6. Election Campaign Financing	\$5:0	0 May Be	
23		28			Trust Fund Contribution		d to Fees
Žip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25	29 3	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		I	10. Name and Address of New Register	ed Agent	
8	A DIO DETE		81	Name			
	/LINS, PETE		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	1 EAST HWY 98						
PAN	IAMA CITY FL 32404	1, "	83				
	•		84	City		. 85 Zi	p Code
				-	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	' L }	·
SIGNATURE	Signature, typed or printed name of registerer ager	nt and title if applicable. (NOTE: F	Registered Ager	nt signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TOPS IN 12
12.	DP OFFICERS AN		13.				
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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 attactment with an address, with all other like empowered.

SIGNATURE: Jess M	enloch	REPEDRO	MANDOK
SIGNATURE AND TYPED OF	PRINTED NAME OF SE	GNING OFFICER OR DIRECT	OR

334-540-6000