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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P9400085696 (0)

FILED May 08 1997 8:00am Secretary of State

OJATRO, INC.				(I SECTION: THE MANY STRIP CONT. SERVICE	LEAST DOUBL ABIO) (ind this is	a ann haar
Principal Place of Business	Mailing Address						
222 LAKE DRIVE 222 LAKE DRIVE OVIEDO FL 32765-9058							
				 Date Incorporated or Qualified 11/28/1994 	3	e of Last R 5/1996	eport
2. Principal Place of Business	26. Mailing Address			4. FEI Number			optied For
Suite, Apt #, etc.	Suite, Apt. #, etc.			59-3288620		\$8.75	t Applicable
22	27			5. Certificate of Status Desired		Fee Re	
City & State 23	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip Country	Ζιρ	Cou	ntry	8. This corporation has liability for	or intangible t	ax under s	199.032,
24 25	29	30		Florida Statutes	Yes C		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	f Current Registered Agent		81 Name	10. Name and Address of New I	Registered A	gent	
KNIES, FRANK			Name				
222 LAKE DRIVE			<b>62</b> Street Add	ress (P.O. Box Number is Not Accept	able)		
OVIEDO FL 32765			83				
				·		· · · · · · · · · · · · · · · · · · ·	
			B4 City	: *	FL	85 Zip (	Code
<ol> <li>Pursuant to the provisions of Sections office or registered agent, or both, in the agent 1 am familiar with, and accept the SIGNATURE.</li> </ol>	the State of Florida Such change was the obligations of, Section 607.0505,	as authorize Florida Stal	d by the corpora utes.	tion's board of directors. I hereby acc	ept the appo	ointment as	registered
			d Agent eignature requ		DATE	DIDECTOR	S IN 12
12. OFFICI	pistered agent and title if applicable. (N ERS AND DIRECTORS DELETE	NOTE Registere		red when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND	DIRECTOR Change	
12. OFFICE	ERS AND DIRECTORS	13.	TLE		FICERS AND		
12. OFFICE D	ERS AND DIRECTORS	13. 1.1 Ti 1.2 N	TLE		FICERS AND		
12.         OFFICI           NAME         D           KNIES, FRANK	ERS AND DIRECTORS	13. 1.1 Ti 12 N 1.3 S	TLE AME		FICERS AND		RS IN 12
12. OFFICE  TITLE D  NAME KNIES, FRANK  STREET ADDRESS 222 LAKE DRIVE	ERS AND DIRECTORS	13. 1.1 Ti 12 N 1.3 S	TLE AME TREET ADDRESS TY-ST-ZIP		FICERS AND		
12.         OFFICI           TITLE         D           NAME         KNIES, FRANK           STREET ADDRESS         222 LAKE DRIVE           CITY-ST-ZIP         OVIEDO FL 32765	ERS AND DIRECTORS	13. 1.1 Ti 1.2 N 1.3 S 1.4 Ci	TLE AME IREET ADDRESS TY-ST-ZIP TLE		FICERS AND	Change Change	Addition
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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; the lam 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

IRRAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-04-43

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