

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087137

1. Corporation Name
DEEDCO OLYMPIA, INC.

Principal Place of Business Mailing Address
C/O DADE EMPLOYMENT AND ECONOMIC DEVELOPM C/O DADE EMPLOYMENT AND ECONOMIC DEVELOPM
141 NE 3RD AVE SUITE 500 141 NE 3RD AVE SUITE 500
MIAMI FL 33132 MIAMI FL 33132

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

WOLFE, LEON J
C/O BERMAN WOLFE & RENNERT, P.A.
100 SE SECOND ST 38TH FLOOR
MIAMI FL 33131-2130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1994
4. FEI Number
65-0665104
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax: ☐ Yes ☐ No
10. Name and Address of New Registered Agent

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

TITLE DO
NAME BUTLER, BERNICE
STREET ADDRESS 141 NE 3 AVE SUITE 500
CITY-ST-ZIP MIAMI FL 33132
[X] DELETE
TITLE DT
NAME WINN, SUSAN
STREET ADDRESS 1700 CONVENTION CTR DRIVE
CITY-ST-ZIP MIAMI BEACH FL
[] DELETE
TITLE D
NAME WILLIAMS, LILLIE M
STREET ADDRESS 1180 NW 50 STREET
CITY-ST-ZIP MIAMI FL
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DO
12 NAME JACKSON, ARTHUR
13 STREET ADDRESS 141 NE Third Ave Suite 500
14 CITY-ST-ZIP MIAMI, FL 33132
[X] Change [] Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
[] Change [] Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
[] Change [] Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
[] Change [] Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
[] Change [] Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
[] Change [] Addition

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, with all other like empowered.

SIGNATURE:

Arthur Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

Daytime Phone #

0191285

CR2E034 (11/98)