## 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

## **FILED** Apr 28 1997 8:00am Secretary of State

OTSK MANAGEMENT, INC.									
Principal Plac	e of Business	Mailing Add	ress			_			
520 BRI SUITE	ICKELL KEY DR.	520 BRI SUITE 1	520 BRICKELL KEY DR. VE SUITE 1204						
- MIAMI 1	FL 33131	MIAMI F	MIAMI FL 33131			<ol> <li>Date Incorporated or Qualified 03/15/95</li> </ol>	3a. Date of Last Report 01/23/96		
2. Principal P	ace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number		Applied For	
21 Suita Ant	# 010	26 Suite Ac	Suite, Apt. #, etc.			65-0580715		Not Applicable	
Suite, Apt	# etc	<u>⊢</u> ¬	27			5. Certificate of Status Desired	1 1	5 Additional Required	
City & State	е		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Ζιρ	Country	Zip				8. This corporation has liability for intangible tax Florida Statutes  Yes  1		rs. 199.032,	
24	25 29 30 9. Name and Address of Current Registered Agent		101		Florida Statutes PK Yes I No  10. Name and Address of New Registered Agent				
		Telli Negrotoreo Age		81	Name				
REYM	OLDS, KEITH A			82	Street Arids	ess (P.O. Box Number is Not Acceptab	le)		
520 BRICKELL KEY DR.					Seed Addigs (F.V. Do. Nember 19 Not Acceptable)				
SUITE 1204				83					
MIAMI FL 33131				84	84 City 85 Zip Code			ip Code	
						corporation submits this statement for the purpose of changing its registered			
office or r	registered agent, or both, in the S	tate of Florida, Such o	change was au	thorized by	the corporat	poration submits this statement for the patients board of directors. I hereby acceptions	urpose of changing it the appointment	as registered	
l agenila	m familiar with, and accept the ot	oligations of, Section	607.0505, Flori	da Statutes					
SIGNATURE	Signature typed or printed name of registered	sagent and title il applicable	(NOTE:	Registered Age	nt signature requi	red when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
TrřiE	PT		DELETE	1 1 TITLE			☐ Chang	e Addition 3	
HAME	REYNOLDS, KEITH A	<b>l.</b>		1.2 NAME				[5	
STREE! ADDRESS	520 BRICKELL KEY	DRIVE A-120	14	1 3 STAEET		and the second s		[ ]	
CITY - ST - ZIP	MIAMI FL		DELETE	1 4 CITY-S'	r- ZIP		□ Chang	e Addition C	
TITLE	VS TERRI	-		21 TITLE	1	•	L. Unarig	6 T Vaganou /	
NAME STREET ADDRESS	REYNOLDS, TERRI 520 BRICKELL KEY	DRIVE A-190	14	2.2 NAME 2.3 STREET	Annerss				
CITY-ST-ZIP	MIAMI FL	PRIVE N 120		2 4 CHTY - S	· · · · · · · · · · · · · · · · · · ·	· .		1	
TITLE	MINMI IT		DELETE	3 1 TITLE			☐ Chang	e Addition	
NAME				3.2 NAME			· ·		
STREET ADDRESS				3.3 STREET	ADDRESS	•	1		
CITY - ST - ZIP				34 CITY-S	1 - ZIP				
TITLE		L	DELETE	41 TITLE			Chang	ge Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET		•			
CITY - ST - ZIP		T	DELETE	4.4 GITY - S' 5.1 TITLE	T-ZIP		LVChang	Addition	
TITLE NAME		L	_	5.1 TITLE 5.2 NAME			777		
STREET ADDRESS			*	53 STREET	ADDRESS			18/94	
CITY - ST - ZIP				5.4 OTY - S	·		<b>/</b> ()*//	×41 +	
TITLE		_	DELETE	61 TITLE		60000215	E S Chang	e Addition	
NAME		*		6.2 NAME		60000215 -04/28/970107 ***165.00	6014	İ	
STREET ADDRESS				6.3 STREET	ADDRESS	***165.00			
CITY - ST - ZIP			· · · · · · · · · · · · · · · · · · ·	6.4 CITY - \$*			·		
14. I do herel	by certify that the information sup	plied with this filing di	oes not qualify	for the exe	mption stated	d in Section 119.07(3)(i), Florida Statute:	s. I further certify the	iat the	

information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under our lambda of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed or on an attachment with an address.

SIGNATURE:

KEITH A. REYNOLDS