

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000028015 (2)**

1. Corporation Name
OPTIVEST, INC.



Principal Place of Business Mailing Address
2821 N.W. 106TH AVENUE CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified **04/10/1995** 3a. Date of Last Report
4. FEI Number **65-0572917** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**COLE, DANIEL
2821 N.W.1 06TH AVENUE
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	<input type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLE, DANIEL		1.2 NAME	
STREET ADDRESS 2821 N.W.1 06TH AVENUE		1.3 STREET ADDRESS →	
CITY-ST-ZIP CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP	
TITLE Vice President	<input type="checkbox"/> DELETE	2.1 TITLE Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Cole		2.2 NAME Mai K. Cole	
STREET ADDRESS		2.3 STREET ADDRESS 2821 N.W. 106th ave	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Coral Springs, FL 33065	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Daniel Cole	
STREET ADDRESS		3.3 STREET ADDRESS 2821 N.W. 106th ave	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Coral Springs, FL 33065	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Mai K. Cole	
STREET ADDRESS		4.3 STREET ADDRESS 2821 N.W. 106th ave	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Coral Springs, FL 33065	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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: **Daniel J Cole Pres.** 2-19-96 754 333-755-5013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)