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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000028015 (2)

OPTIVEST, INC.

FILED Mar 25 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address										
2821 N.W. 106TH AVENUE 2821 N.W. 106TH AVENU CORAL SPRINGS FL 33065 CORAL SPRINGS FL 3306										
OUTAL SP	CORAL SPRINGS FL 330	33065			DO NOT WRITE IN THIS SPACE					
					- 1	3. Date Incorporated or Qualified				
						04/10/1995				
	lace of Business	2a. Mailing Address			4	. FEI Number		Ar	oplied For	
21		26				65-0572917		No	ot Applicable	
Suite Apt	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27	0: 10:0:						poriupe	
City & Stat	e e	City & State			6	6. Election Campaign Financing		\$5.00		
Zip	Country Zip Co			TU		Trust Fund Contribution		Added		
24	25		Count	ı y	*	This corporation owes or has pa Personal Property Tax due June	-	-	angible	
[57]	9. Name and Address of Current		, , , , , , , , , , , , , , , , , , ,		10	n. Name and Address of New Re				
	COLE, DANIEL	<u> </u>	6	1 Name			•			
	821 N.W.1 O8TH AVENUE		-	2 Stree		(0.0.0	-1-1			
		۱۳	2 Stree	et Address ((P.O. Box Number is Not Acceptate) (9)				
CORAL SPRINGS FL 33065			Ë	3						
			8	4 City			- I	85 Zip (Code	
dd Directions	to the manufactor of Continue CO7 OF DO	and 007 1600 Flying Otal tra			_ 4 2 4		FL			
11. Pursuant to the provisions of Soctions 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 profiled name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND		13.	gent signate	iore required with	ADDITIONS/CHANGES TO OFFIC		BECTOR	S IN 12	
TITLE	PT	DELETE	1.1 TITLE			ADDITIONO/OFFARGES TO OFFIC		Change	Addition	
NAME	COLE, DANIEL		1,2 NAM	Ε				•		
STREET ADDRESS	2821 N.W.1 06TH AVENUE		1.3 STRE	ET ADDRESS	s					
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY	- ST - ZIP						
TITLE	VPT	☐ DELETE	2.1 TITLE					Change	Addition	
NAME	COLE, MAI K		2.2 NAM	E	1				ł	
STREET ADDRESS	2821 N.W.1 06TH AVENUE		2.3 STRE	ET ADDRESS	s					
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY	-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition	
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STRE	ET ADDRESS	s					
CITY-ST-ZIP			3.4. CITY		<u> </u>					
TITLE		☐ DELETE	4.1 TITLE					Change	Addition	
NAME			4. 2 NAV							
STREET ADDRESS			1	ET ADORESS	S					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY	~				Change	Addition	
NAME		- Deterie	5.1 TITLE		İ		L	, onange	RUUIIIUII	
STREET ADDRESS			5.2 NAM		.					
				ET ADDRESS	9				-	
CITY-ST-ZIP TITLE		DELETE	5 4 CITY 6 1 TITLE					Change	Addition	
NAME		La petric	6.2 NAM					Sharige		
STREET ADDRESS				L Et address						
CITY-ST-ZIP			6.4 CITY		`					
O11-31-21F			6.4 CHT	-31-ZIP						

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 employered 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 a haddess.