

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000028015

1. Corporation Name OPTIVEST INC

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90016 031 \*\*\*150.00

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Principal Place	a of Business	Ma	ailing Address				1 (40)(40) (10 (0)0) 0)(5) 0)(7) 04(7) 05(7) 04(7)		· · · · · · · · · · · · · · · · · · ·
2821 N.W. 106TH AVENUE 2821 N.W. 106TH AVENUE									
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065							DO NOT WIDITE IN TU	IS SDACE	
}	•						DO NOT WRITE IN TH	10 SPACE	
							04/10/1995		
Principal Place of Business     2a. Mailing Address							4. FEI Number		Applied For
<u> </u>							65-0572917		Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.								Additional	
							5. Certifcate of Status Desired		Required
22							6. Election Campaign Financing		0 May Be
	,	28	ony around				Trust Fund Contribution		d to Fees
Zip	Country	1201	Zip	Country			8. This corporation owes the current year	Intangible	
24	25	29	- <b>-</b> -	30	•		Personal Property Tax.	Yes	□No
24	9 Name and Address of Curr		tered Agent	<u> </u>			10. Name and Address of New Registers	d Agent	
	V. 7100		<del>-</del>	81	Nar	ne		<u> </u>	
COL	e, Daniel			82	1 -	-1.6.4.1	(D.O. Day Number is Not Assentable)		
2821 N.W.1 06TH AVENUE					: Stre	et Addre	ess (P.O. Box Number is Not Acceptable)		
	IAL SPRINGS FL 33065			83	<del>                                     </del>				
1									
{				84	City			L 85 Zi	o Code
l office.orr	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obli	e of Florid	da. Such change was a	utnonzea by	/ the co	ed corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	of changing	its registered registered
SIGNATURE							DITE		
	Signature, typed or printed name of registered a				ent signat	ure required	f when reinstating) DATE	AND DIDECT	TODE IN 12
12.	OFFICERS A	AND DIKE	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS	AND DIREC ☐ Chang	
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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 trastee 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 attention with an address, with all other like empowered.

SIGNATURE:

yre required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR