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843 P03 MAY 16 '97 11:28

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra E. Moriham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 19 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000033598

1. Corporation Name
OPM-USA-INC

Principal Place of Business Mailing Address
2830 Norwood Lane same
Venice, FL 34292

2. Principal Place of Business 22. Mailing Address
21 **325 Interstate Blvd.** 26 **325 Interstate Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
23 **Sarasota, FL** 27 **Sarasota, FL**
City & State City & State
24 **34240** 25 **Sarasota** 28 **34240** 30 **Sarasota**
Zip Country Zip Country

3. Date Incorporated or Qualified **5/1/1995** 3a. Date of Last Report **7/2/96**
4. FEI Number **65-0580918** 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
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Owen P. Mills
2830 Norwood Lane
Venice, FL 34292

10. Name and Address of New Registered Agent

81 Name **Sonja L. Mills**
82 Street Address (P.O. Box Number is Not Acceptable)
2830 Norwood Lane
83
84 City **Venice** FL 85 Zip Code **34292**

11. Pursuant to the provisions of Sections 607.0602 and 607.1806, 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 **Sonja L. Mills**

Signature typed or printed name of registered agent and the fee if applicable

(NO) Registered Agent signature required when reinstating

DATE **5-16-97**

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Owen P. Mills	
STREET ADDRESS	2830 Norwood Lane	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	Secretary/Treasurer	☐ DELETE
NAME	Sonja L. Mills	
STREET ADDRESS	2830 Norwood Lane	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	Vice President	☐ DELETE
NAME	John G. Mortellite	
STREET ADDRESS	2702 Norwood Lane	
CITY-ST-ZIP	Venice, FL 34292	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*******550.00 *****550.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: **Sonja L. Mills**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-97

941-379-4455

Date

Daytime Phone #