

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 # P95000037201 (7)

1. Corporation Name

THE OPTIMUM GROUP, INC.



Principal Place of Business

Mailing Address

6775 NEWBERRY RD  
GAINESVILLE FL 32605

6775 NEWBERRY RD  
GAINESVILLE FL 32605

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9810 BAYMEADOWS RD

26

4. FEI Number

59-3339310

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

22 10

27 Suite, Apt. #, etc.

City & State

28

City & State

29

City & State

30

City & State

31

City & State

32

City & State

33

City & State

34

City & State

35

City & State

36

City & State

37

City & State

38

City & State

39

City & State

40

City & State

41

City & State

42

City & State

43

City & State

44

City & State

45

City & State

46

City & State

47

City & State

48

City & State

49

City & State

50

City & State

51

City & State

52

City & State

53

City & State

54

City & State

23 JACKSONVILLE FL

24 32256

25 DUNAL

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

9. Name and Address of Current Registered Agent

MARLOW, NANCY E  
6775 NEWBERRY RD  
GAINESVILLE FL 32605

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

Nancy E. Marlow

NANCY E. MARLOW, PRES.

DATE

4-22-96

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT  
NAME NANCY ELIZABETH MARLOW  
STREET ADDRESS 6775 NEWBERRY RD.  
CITY- ST- ZIP GAINESVILLE FL 32605

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE V.P., SEC.  
NAME THOMAS HOWZE  
STREET ADDRESS 6775 NEWBERRY RD.  
CITY- ST- ZIP GAINESVILLE FL 32605

TITLE TREAS.  
NAME NORMAN MARLOW  
STREET ADDRESS 6775 NEWBERRY RD.  
CITY- ST- ZIP GAINESVILLE FL 32605

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

6.5 TITLE

6.6 NAME

6.7 STREET ADDRESS

6.8 CITY- ST- ZIP

6.9 TITLE

6.10 NAME

6.11 STREET ADDRESS

6.12 CITY- ST- ZIP

6.13 TITLE

6.14 NAME

6.15 STREET ADDRESS

6.16 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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

Nancy E. Marlow

Nancy E. Marlow

DATE

4-22-96

Daytime Phone

(352) 331-8266

CR2E034 (12/95)