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

PROFIT CORPORATION ANNUAL REPORT



and Address of Current Registered Agent

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

1996

P95000037201 (7)

DOCUMENT # THE OPTIMUM GROUP, INC.

Principal Place of Business 6775 NEWBERRY RD GAINESVILLE FL 32605

Suite, Apt. #, etc

MARLOW, NANCY E 6775 NEWBERRY RD

GAINESVILLE FL 32605

2. Principa Place of Business
21 9810 BAYMEALOWS Rd 26

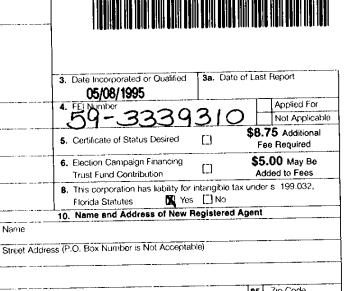
Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

6775 NEWBERRY RD GAINESVILLE FL 32606



			84	City:				FL	B3 21	pcode
	the provisions of Sections 607,0502 and 607,1508, Florid	a Statutes, the ab	DOVE: n	named cont	oration subn	nits this statement	for the purpose	of chan	ging its	egistered office
			corp	oration's bo	oard of direct	ors. I hereby acce	pt the appoint	ient as re	egistered	ragent. rain
familiar with	and accept the obligations of, Section 607.0505, Florica	ALIAL F	٨			PRES.	1	1-D	7-4	06
SIGNATURE _	Ignature, typed of inted name of registived agont and titue if applicable	(NOT Register	ed Agrin	nt signature reni	ired when runsta	ring:		DATE		
12.	OFFICERS AND DIRECTORS	13			AD	DITIONS/CHANG	ES TO OFFICER			Addition
TITLE	DOES! A F. LE	FTE 1	HITLE					L	Change	Magnition:
NAME	THESIDEN!	1.2	AME							ļ
STREET ADDRESS	hancy Elizabeth Maryo	[W] 1.3	IREET	FADDRESS						1
CITY - S1 - ZIP	6775 NEWBERRY Rd.	1.4	ITY-S	51 · 712					Change	Addition
TITLE	JAINESVILLE 17 3260	LTE 2.	1 TILE					L.	Change	☐ Modition
NAME		2.2	AME.	<u> </u>						ļ
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CITY - ST - ZIF		24	17-5	ST-ZIP					1.0	Addition
TITLE	VD SEC DE	ETE 3	1 OLE					L.] Change	L AGOINGII
NAME	THOMAS HOWING	3 3	2 AME							
STREET ADDRESS	COME NEW BEOOK RA	3:	3 TREE	F ADDRESS						
CITY - ST - ZIP	SAINESVILLE FL 30	605 3	4 <u>1Y</u> -	ST-ZiP		·			7 Change	Addition
THILE	TREAS.	LETE 4.	1 :TLE	ļ				L.	Lonariye	[] Addition
NAME .	MORMAN MARLOW	4	2 \ME							
STREET ADDRESS	10 MILE NEW BERRY Rd.	4 سريد	3 REE	T ADDRESS						
CITY-ST-ZIP	GAINESVILLE FL 326	<u>4</u>	<u>4 [Y-</u>	ST-ZIF					1 Change	Addition
111LF	□ DE	LETE 5.	1 TLE					L] опанус	
NAME		5.	.2 . ME							
STREET ADDRESS		5.	.3 AEE	ET ADDRESS						
CITY-ST-ZIP			-	ST-ZIP					7 Change	Addition
TITLE	DE	LETE 6	1 ILE	1				L		
NAME		6	2 ME	1						
STHEET ACTURESS		6	•	ET ADDRES»						
CITY-SI-ZIP	y certify that the information supplied with this filing is volui	6	-	- SI - ZIP	life for the ev	omotion stated in	Section 119.07	(3)(k), Flo	rida Sta	tutes. I further
				rue and ap	curate and th	at my signature s	hall have the sa	me legal	effect as	s if made under that my name
			ev.	d to execut	e this report a	as required by Ch	аркег оот, тюпо	ia Statut	63, BIIG	The Try Hearte
appears in	am an officer or director of the corporation of the	j			1				(C)	521-

My E. Melow 4-22-96 3

Country

81 Name

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