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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 08 1997 8:00am

Secretary of State

(305) 936-9235

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042626 (8)

OLYMBIC DEVELOPMENT CORPORATION

| 1990 N.E. 163RD ST STE 205 CLEARWATER FL 33162 | 1990 N.E. 163RD ST STE 205 CLEARWATER FL 33162-40 | 354 | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|--|--|---|---------------------------------------|
| | | | 05/25/1995 | 11/07/1996 |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | 26 | | 59-3318174 | Not Applicable |
| Surte, Apt. #, etc. | Suite. Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Miami, FL 33162 | 28 Miami, FL 33 | 162 | Trust Fund Contribution | Added to Fees |
| ZiρCountry | Zφ | Country | 8. This corporation has liability for | |
| 24 25 | 29 | 30 | | Yes No |
| | of Current Registered Agent | 81 Name | 10. Name and Address of New Re | gistered Agent |
| MARKS, JEFFREY N ESQ. | | OT Name | | |
| MARKS & TRUPPMAN, P.A. | Œ | 82 Street Add | ress (P.O. Box Number is Not Acceptat | ole) |
| 1990 NE 163RD ST., STE 20 MIAMI FL 33162 | 5 | 83 | | ., |
| MICHIEL COLOR | | | *********** | |
| | | 84 City | | FL 85 Zip Code |
| agent. Fam familiar with, and accept t SIGNATURE | the State of Florida. Such change was a the obligations of, Section 607.0505, Fli | authorized by the corpora orida Statutes. | tion's board of directors. I hereby acce | pt the appointment as registered |
| \$6 per de typed o punted name of no | getrieb agent and title it applicable (NOT CERS AND DIRECTORS | E: Registered Agent signature requi | ared when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE PERS AND DIRECTORS IN 12 |
| 12. OFFIC | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFIC | Change Addition |
| NAME LANGAS, JAMES | | 1.2 NAME | | |
| STREET ADDRESS 1990 NE 183RD ST., S | STE 205 | 1.3 STREET AODRESS | | |
| CHY-ST-ZiP MIAMI FL 33162 | | 1.4 CITY-ST-ZIP | | |
| 11!LE | DELETE | 2.1 TITLE | | Change Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | • | |
| C(TY+S*-7)P | Devete | 2 4 CITY-S1-ZIP | | C Change III Addition |
| Title | ☐ DELETE | 3.1 TITLE | | Change |
| NAME STREET ADDRESS | | 3.2 NAME 3.3 STREFT ADDRESS | | • |
| CHY+ST VIP | | 3.4. City-St-Zip | | |
| Titus | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | 4. 2 NAME | | |
| STIGET ALDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | \$2,812.00 · · · · · · · · · · · · · · · · · · | 4.4 CITY - ST - ZIP | | · · · · · · · · · · · · · · · · · · · |
| FILE | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | 5.2 NAME | | |
| STREET ADORESS | | 5.3 STREET ADDRESS | | |
| GHY-SI-ZIF | DELETE | 5.4 CITY - ST - ZIP 6 1 T-TLE | *************************************** | Change Addition |
| TITLE | | 6.2 NAME | | First provide Firstonians |
| NAME CITIES E ABODE CO | | 6.3 STREET ADDRESS | | |
| STREET ADDRESS CHY-ST-7 P | The second secon | 6.3 STREET ADDRESS | | |
| 14. Lido hereby certify that the information | n supplied with this lifting does not quali | ly for the exemption state | d in Section 119.07(3)(i), Florida Statute | es. I further certify that the |
| information indicated on this annual re Lain an officer or director of the corpo | oport or supplemental/annual report is t | true and accurate and that vered to execute this repo | at my signature shall have the same lega ort as required by Chapter 607, Florida | al effect as if made under oath; that |