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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 27 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000055012 (5)

OTL CONCEPTS, INC.

SIGNATURE:

Principal Place 3416 MAIN HW COCONUT GRO	Υ.	Mailing Address 3416 MAIN HWY. COCONUT GROVE FL 331	*								
						3. Date Incorpor 07/17/1995			te of Last F <b>16/1996</b>	Report	
2, Prhoipal Pi 21	ace of Business	2a. Maling Address				4, FEI Number 65-05960	45		<del> </del>	pplied For ot Applicable	
Suite, Apt. 22		Suite, Apt. #, etc. 27			5. Certificate of Status Desired S8.75 Additional Fee Required						
Oity & State <b>23</b>		City & State			6. Election Camp Trust Fund Co	-			May Be to Fees		
Zipi <b>24</b>	Country 25	<b>29</b>	Countr 30	'y		8. This corporation of the Florida Statute	on has liability for es		tax under s No	s. 199. <del>0</del> 32,	
	g, Name and Address of Curren	nt Registered Agent				10. Name and Ac	idress of New Re	gistered /	\gent		
	FMAN, COREY E		81	1	Name						
3250 MARY ST., #400 COCONUT GROVE FL 33133				2	Street Addr	dress (P.O. Box Number is Not Acceptable)					
			83	3							
			84	4	City			FL	<b>85</b> Zip	Code	
office or to agent. Fail	io the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligi	of Florida, Such change was a ations of, Section 607 0505, Flo	authorized b	JV :	the corporat	poration submits this sion's board of director	statement for the pars. I hereby accep	urooco of	changing i	ts registered registered	
	Significant specification of the potential age			gen'	t signature requir	ed whon reinstating)		DATE			
12.	PSTD OFFICERS AND		13.			ADDITIONS/CH	IANGES TO OFFIC	ERS AND		_	
TIT.E	SMIT, OLAV T	☐ DELETE	1.1 TIFLE						Change	Addition	
NAME CTRACT FOODLIST	3109 GRAND AVENUE, #273		1.2 NAME								
STREET ADDRESS	COCONUT GROVE FL 33133		1.3 STREE								
CITY - ST - ZiP TITLE	VD	DELETE	1.4 CITY- 2.1 TITLE		- ZII'	<del> </del>			Change	Addition	
NAME	MCMILLAN, WILLIAM C	L. MECK	2.2 NAME		-				Ghange	III Vogition	
STREET ADDRESS	3605 PONCE DE LEON			3 STREET ADDRESS				e 1			
CITY - S1 - ZIP	CORAL GABLES FL										
1II.E	······································	DELETE	3 1 TITLE	_					Change	Addition	
NAME			32 NAME								
STREET ADDRESS			33 STREE	TA	ADDRESS						
CITY-ST-7-P			3.4. CITY -	-ST	- 71P						
TITLE		DELETE	4 1 TITLE		1		~		Change	Addition	
NAME			4 2 NAME	E	-						
STREET ADDRESS			43 STREE	TA	nddaess	•					
CHY-SI-7-P			4.4 CITY-	Sĩ-	- ZIP						
TITLE				5 1 TITLE					Change	Addition	
NAME			52 NAME								
STREET ADDRESS			5 3 STREE								
CHY-ST 20:		DELETE	5.4 CITY -		- ZIP	*** ***********************************			Channe	g a ana a	
NAME		☐ ntrit	61 TITLE						Change	Addition	
STREET ADDIRESS			62 NAME		pporée	0					
CHY-ST ZIF			6 3 STREE								
14. I do heret:	y certify that the information supplied	d with this bling does not quali	64 CITY- fy for the ex	en	notion stated	In Section 119 07(3)	(i). Florida Statute	s I further	certify that	the	
Information Lam an of	n indicated on this annital report or s ficer or director of the disriporation or	aintilemental agnual report is t	rue and acc rered to exe	YI IF	tedt bne ate	my cionatura chall be	ava tha cama laga	l offeet on	if mode un	dar aath, that	