## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000061431 (9)

THE O	/ERTON GROUP, INC.				
Principal Place	e of Business	Mailing Address		H SEDERBUR (NO TORON BINN BONN) ORNIN BONN BONN	10 (140) (1014 (10 <b>4</b> 0 (1404 (104 (104)
1871 COTTONWOOD TRAIL SARASOTA FL 34232		1871 COTTONWOOD TR SARASOTA FL 34232	AIL		
				08/09/1995	Date of Last Report
	tace of Business	2a. Mailing Address		4. FET Number 65 - 0599927	Applied For
Suite, Apt	#, elc	Suite Apt #, etc.			Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	ė	Crty & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28	·	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	<b>8.</b> This corporation has liability for intang	gible tax under s. 199 032. s. W No
24	9. Name and Address of Curre	nt Registered Agent	30	Florida Statutes Yes  10. Name and Address of New Registe	
		giotoi ou rigent	81 Name	Hamo and Address of New Aggiste	ion whole
	ERTON, JOHN W				
	71 COTTONWOOD TRAIL		B2 Street Add	fress (P.O. Box Number is Not Acceptable)	
SA	RASOTA FL 34232		33		
			4 City		FL 85 Zip Code
11. Pursuant office or ragent 1 a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Statul e of Florida. Such change was a pations of, Section 607.0505, Fl	tes, the a e-named corp authorize the corporat orida Sta s.	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	<u> </u>				
12.	Signature type for protectine and negetime as	jert and title Tapplicates (NO ND DIRECTORS	ité. Registere jent signature requi	In divition registering) D7	
TITLE	PRESIDENT - TREASU		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addison
NAME	JOHN W. OYERTON	rest.	1.2 No. 16		Ondrige 740 .imi
STREET ADORESS	1871 Cottonwood Ti	PAIL	1 3 STELET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34	- T	1.4 CH + S1 - ZIP		
TITLE	VICE PRESIDENT - SE	C DELETE	21111		Change Addition
NAME	PAMELA S DIERT	רמין	2.2 NA 75		
STREET ADDRESS	1871 Cotton wins TI	eail_	2.3 STREET ADDRESS		
CITY-ST ZIP	SARASOTA, FL	34232	2 4 C(TY - ST - Z)P		
TITLE					
NAME		DELETE	3 1 THILE		Change Add tion
		[ DELETE	3 1 THLE 3 2 NAME		Change Add tion
STREET ADDRESS		ן טצננונ			Change Add non
·			3.2 NAME		Change Addition
STREET ADDRESS		DELETE	3.2 NAME 3.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4 C/TY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY-ST-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-SI-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-SI-ZIP 5.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	3 2 NAME 3 3 STREET ADDRESS 3 4 CHY - ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY - ST-ZIP 5 TITLE 5 2 NAME		Change Add-tion
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3 2 NAME 3 3 STREET ADDRESS 3 4 CHY - ST - ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		Change Add-tion
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	3 2 NAME 3 3 STREET ADDRESS 3 4 CHY - ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY - ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY - ST-ZIP 6 1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	3 2 NAME 3 3 STREET ADDRESS 34 CHY - ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY - ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY - ST-ZIP 6 1 TITLE 6 2 NAME		Change Addition
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SIGNATURE:

made under cally that the information indicated of this amount application or the receiver of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or block 13 if planged or on an attachment with an address

GNATURE:

| GRATURE | GATION | GAT