

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

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED

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DOCUMENT # **P95000068584 (8)**

1. Corporation Name
OPTIMA MANAGEMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 222 LAKEVIEW AVE. SUITE 160-293 WEST PALM BEACH FL 33401	Mailing Address 222 LAKEVIEW AVE. SUITE 160-293 WEST PALM BEACH FL 33401-6145
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3. Date Incorporated or Qualified 09/06/1995	3a. Date of Last Report 04/06/1996
4. FEI Number 65-0622822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
**MATTHEWS, DOUGLAS G
2882 POLO ISLAND DRIVE
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent
81. Name
CORPORATION SERVICE COMPANY
82. Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83. City
TALLAHASSEE FL 85. Zip Code
32301

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 *[Signature]* (NOTE: Registered Agent's Signature and Title are Applicable) **Karen B. Rozar, As Its Agent** DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input checked="" type="checkbox"/> DELETE
NAME	MATTHEWS, DOUGLAS G
STREET ADDRESS	222 LAKEVIEW AVENUE SUITE 160-293
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	S <input type="checkbox"/> DELETE
NAME	BYRD, TRAVIS
STREET ADDRESS	222 LAKEVIEW AVENUE SUITE 160-293
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	VP <input type="checkbox"/> DELETE
NAME	SESSA, CHARLES
STREET ADDRESS	222 LAKEVIEW AVENUE SUITE 160-293
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	ENGLUND, PAUL S
STREET ADDRESS	222 LAKEVIEW AVENUE SUITE 160-293
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SESSA, CHARLES
1.3 STREET ADDRESS	176 WELLES DR.
1.4 CITY-ST-ZIP	WINTER, FLA 33477
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BYRD, TRAVIS
2.3 STREET ADDRESS	222 LAKEVIEW AVE. SUITE 160-293
2.4 CITY-ST-ZIP	WPRB, FL 33401
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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: *[Signature]* 3/24/97 561 791 4640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Phone #

CR2E034 (9/96)