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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90167 046 ***150.00

DOCUMENT # P95000091075

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

O & C FINANCIAL, INC.

	-		.,			-			_		
		<u> </u>	_			ling Address					
Principal Place of Business Mailing Address											
2137 S US HWY ONE 2137 S US HWY ONE JUPITER FL 33477 JUPITER FL 33477											
JUPITER FL 33477 JUPITER FL 33477										DO NOT WRITE IN THIS SPACE	
										3. Date Incorporated or Qualifed	
										11/28/1995	
2.	2. Principal Place of Business 2a. Mailing Ad					Mailing Address	ig Address			4. FEI Number Applied For	
21				26					65-0623638 Not Applicable		
Suite, Apt. #, etc.				-	Suite, Apt. #, etc.					5. Certifcate of Status Desired	
City & State					City & State					6. Election Campaign Financing \$5.00 May Be	
23	28								Trust Fund Contribution Added to Fees		
	Zip	Country Zip				Cour	ntry		This corporation owes the current year Intangible		
24	}		25	[:	29	;	30			Personal Property Tax.	
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent	
O'ROURKE, THOMAS M								81	Name	e	
							F	82 Street A		et Address (P.O. Box Number is Not Acceptable)	
2137 S US HWY ONE JUPITER FL 33477											
								83			
								84 City		85 Zip Code	
										FL T T T T T T T T T	
1	1. Pursuant t	to the provis	ions of Sect	tions 607.0502 ar	nd 60	7.1508 Florida Statute	s, the ab	ove	-named o	d corporation submits this statement for the purpose of changing its registered	
	office or re	egistered/ag m-familiar wi	ent, or both, th. and acce	, in the State of F ept the obligation:	lorida s.of.	ection 607.0505, Flori	tnorizea ida Statu	by≀ tes.	ne corpo	poration's board of directors. I hereby accept the appointment as registered	
_		2/10	nuls	M A	Ĺ	Xourke				2/11/97	
							Registered	Istered Agent signature required when reinstating)			
1.	2.		0	FFICERS AND D	DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIT	TLE					1.1 TIT	LE		☐ Change ☐ Addition		
N/A	O 1100111E; Triolina o III						1.2 NA	ME			
Chile Problem 2101 0 00 1111 0112							1.3 STF	1.3 STREET ADDRESS		S S	
511 51 21							1.4 CIT	1.4 CITY-ST-ZIP			
TITLE DELETE 2.1						☐ DELETE	2.1 TIT	2.1 TITLE		☐ Change ☐ Addition	
NAME 2.21						2.2 NA	2.2 NAME				
STREET ADDRESS 2.3 ST							2.3 STF	2.3 STREET ADDRESS		s	
CITY-ST-ZIP 2.4 C							2. 4 CT	TY-5	T-ZIP	_	
TI	TLE					☐ DELETE	3.1 TIT	LE		☐ Change ☐ Addition	
N	AME						3.2 NA	ME		196-196 (
sı	TREET ADDRESS						3.3 STI	REET	ADDRESS	1 ' ' '	

14. I 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, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

□ DELETE

SIGNATURE

Change

Change

☐ Change

☐ Addition

Addition

☐ Addition