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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000091285 (3)

**OLIVE BRANCH IMPORTS, INC.** 

## **FILED** Apr 24 1998 8:00am Secretary of State



						-	BIE    Bie    BIE   BIE   BIE   BIE
Principal Plac	e of Business	Mailing Address					didi ilbib lidel ififit Eint ifibi
2313 N LAKE	2313 N LAKESIDE DR						
LAKE WORTH	1 FL 3346U	LAKE WORTH FL 33460			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	
	_					11/27/1995	
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26		·	65-0634737	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State				Fee Required	
23		City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28     Zip	Country			Trust Fund Contribution	Added to Fees
24	25	<u></u>	30	i ili y		<ol> <li>This corporation owes or has paid the of Personal Property Tax due June 30.</li> </ol>	current year Intangible  Yes  No
	9, Name and Address of Current	Registered Agent	7			10. Name and Address of New Registere	
DE	SMARAIS, EVANGELINE R			<b>81</b> Na	ame		
	13 N LAKESIDE DR		-	82 Str	rant Adden	ss (P.O. Box Number is Not Acceptable)	
	KE WORTH FL 33460			02 30	reet Audres	ss (P.O. Box Number is Not Acceptable)	`
				83			
			-	84 Cit	h.,		
						F	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-nar	med corpo	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m <b>familiar</b> with, and accept the obligat	ions of, Section 607,0505, Ftor	rida Statu	iloy ine ilos.	corporatio	it's board or directors, i hereby accept the ap	opointment as registered
SIGNATURE							
	Signature, typed or printed name of registered agent			Agent sign	nature required	when reinstating) DA1E	
12.			13.		<del>. </del>	ADDITIONS/CHANGES TO OFFICERS A	
NAME	DESMARAIS, EVANGELINE R		1	1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS			Change Addition
STREET ADDRESS	2313 N LAKESIDE DR						
CITY-ST-ZIP	AME MORTH E			Y-ST-ZIP			
TALE	GAIL WONTE	DELETÉ	2.1 1111				Change Addition
NAME		_	2.2 NAI				
STREET ADDRESS				REET ADDRI	FSS		
CITY-ST-ZIP				IY-ST-ZIP	ı		
TITLE			3 1 TiTi				Change Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 STR	REET ADDRI	ESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	·		
TITLE	-	DELETE	4.1 TiTL	LE			Change Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	REET ADDRI	ESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			-	☐ Change ☐ Addition
NAME			5.2 NAN	ME			
STREET ADDRESS			5.3 STR	EET ADDRI	ESS		
CITY-ST-ZIP		T Access		Y-ST-ZIP			<u> </u>
TITLE		☐ DELETE	61 TITL				Change Addition
NAME			6.2 NAN				
STREET ADDRESS				eet addre	ESS		
CITY-ST-ZIP			6.4 CITY	Y-ST-ZIP			

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 trusted 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

EVANGELINE R. DESMARAIS