FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ANALONE HE OH	137000024
1996	

POCUMENT # P95000096938 (2)

1. Corporation	OOG, INC.				
Principal Place	e of Business	Mailing Address		t too local too local only only only only only only	, on the second second second second
3100-30TH STREET NORTH 3100-30TH STREET NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713					
				3. Date incorporated or Qualified 3a. [12/26/1995	Date of Last Report
2. Principal Pl. 21	ace of Business	2a. Mailing Address 26		4. FEI Number 151-3368825	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	<u> </u>	27		<u> </u>	Fee Required
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible	e tax under s 199.032,
24	25	29	30	Florida Statutes Yes No	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
DONCEV	DICUADO I				
	, richard L Th street north		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	RSBURG FL 33713		83		
0.,, 0.,			84 City		85 Zip Code
			G4 City	F	L 85 Zip Code
familiar wi	ed agent, or both, in the State of Floric th, and accept the obligations of, Sect Signature, typed or printed name of registered agent	ion 607.0505, Florida Statutes	ed by the corporation's boa	rd of directors. I hereby accept the appointment	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PVST	☐ DELETE	1. 1 TITLE		Change Addition
NAME	BONSEY, RICHARD L		1.2 NAME		
STREET ADDRESS	3100-30TH STREET NORTH		1.3 STREET ADDRESS		
DITY-ST-ZIP TITLE	ST. PETERSBURG FL 33713	□ DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE		☐ Change ☐ Addition
NAME	BONSEY, RICHARD L		2.2 NAME		□ average □ treatment
STREET ADDRESS	3100-30TH STREET NORTH		2.3 STREET ADDRESS		
C-TY-ST-ZIP	ST. PETERSBURG FL 33713		2.4 CITY-ST-ZIP		
1:TLE		☐ DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZiP			3.4 CITY - ST - ZIP		
TITLE		DELETE	4. 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change Addition
NAME		Doctor	5.2 NAME		El Augusto
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		· -
STREET ADDRESS			6.3 STREET ADDRESS		
CiTY-ST-ZIP			6.4 CITY - ST - ZIP		
	y certify that the information supplied	with this filing is voluntarily furn		or the exemption stated in Section 119.07(3)(k),	Florida Statutes. I further

Ido hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 fusites 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 813-823 6183

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