

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90018 037 \*\*\*150.00

DOCUMENT # P96000000697

1. Corporation Name  
OTC, INC.



Principal Place of Business 8720 PORT SAID STREET ORLANDO FL 32817 US	Mailing Address 8720 PORT SAID STREET ORLANDO FL 32817 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8720 Port Said St. Suite, Apt. #, etc. _____ City & State Orl. FL Zip 32817	26	2a. Mailing Address 8720 Port Said St. Suite, Apt. #, etc. _____ City & State Orl. FL Zip 32817	27	28	29	30
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3. Date Incorporated or Qualified 01/03/1996	4. FEI Number 59-3355385	Applied For 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
DARTER, VICKI L  
8720 PORT SAID STREET  
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	8720 Port Said St.
84 City	Orl. FL
85 Zip Code	32817

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
STREET ADDRESS	DARTER, VICKI L 3702 SHELL COVE LANE ORLANDO FL 32817	
ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
STREET ADDRESS		
ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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.

SIGNATURE: Vicki L Darter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99 Date  
407-677-0429 Daytime Phone #

CR2E034 (1/198)