

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

FILED

Apr 10 1997 8:00am
Secretary of State

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

DOCUMENT # **P96000010484 (9)**

1. Corporation Name

OCOLA INCORPORATED

Principal Place of Business

**C/O WILLIAM F. COBB, ESQ.
100 NE THIRD AVENUE SUITE 850
FORT LAUDERDALE FL 33301**

Mailing Address

**C/O WILLIAM F. COBB, ESQ.
100 NE THIRD AVENUE SUITE 850
FORT LAUDERDALE FL 33301-1155**

3. Date Incorporated or Qualified
02/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 2703 W. Morrison Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 2703 W. Morrison Avenue
Suite, Apt. #, etc.

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33629

Country

25 Hillsborough

Zip

30 33629

Country

31 Hillsborough

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COBB, WILLIAM F
HOUSTON & SHAHADY, P.A.
100 NE THIRD AVENUE SUITE 850
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name Michael O'Brien
82 Street Address (P.O. Box Number is Not Acceptable) 2703 West Morrison Avenue
83
84 City Tampa **85 Zip Code FL 33629**

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

Michael O'Brien

(NOTE: Registered Agent signature required when reinstating)

2/24/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COBB, WILLIAM F	
STREET ADDRESS	100 NE THIRD AVENUE SUITE 850	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael O'Brien	
2.3 STREET ADDRESS	2703 W. Morrison Avenue	
2.4 CITY-ST-ZIP	Tampa, FL 33629	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Loraine Leithiser	
3.3 STREET ADDRESS	2703 W. Morrison Avenue	
3.4 CITY-ST-ZIP	Tampa, FL 33629	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas O'Brien	
4.3 STREET ADDRESS	2703 W. Morrison Avenue	
4.4 CITY-ST-ZIP	Tampa, FL 33629	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joyce Addison	
5.3 STREET ADDRESS	2703 W. Morrison Avenue	
5.4 CITY-ST-ZIP	Tampa, FL 33629	
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:

Michael O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97
Date

(813) 877-2225
Daytime Phone #

0257777

CR2E034 (9/96)