PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000013337 1. Corporation Name

OTCB, INC.

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90087 021 ***158.75



Principal Place	e of Business	Mailing	Address					3 60101 11400 1		11151 1481 1481
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2. Principal P	Place of Business	<u>-</u>	iling Address							Applicable
21		26	4- A-t # ata				59-3367367			dditional
Suite, Apt.	#, etc.	├	ite, Apt. #, etc.				5, Certifcate of Status Desired	ξ Ψ'	Fee Re	
22		27 CH	v & State	نشخنس		<u> </u>	6. Election Campaign Financing	-==-	5.00	
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- '	25	29	1	30	,		Personal Property Tax.	ا 🗍		S No □
24	9. Name and Address of Currer			J			10. Name and Address of New Regis	tered Ager		
	J. 144				81 1	Name				
ENG	LANDER, LEONARD S ESQ.			ļ						
ENG	LANDER & FISCHER, P.A.				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
721	1ST AVENUE NORTH				83					
ST.	PETERSBURG FL 33731									
				j	84 (City		FL 85	Zip C	ode
44 Pursuant	to the provisions of Sections 607 056)2 and 607 1	508 Florida Statute	es the ab	ove-n	named corpo	oration submits this statement for the purp	ose of chan	ging its	registered
office or r	registered agent or both in the State	of Florida, S	Such change was at	uthorized	by the	e corporatio	on's board of directors. I hereby accept the	appointme	nt as reg	jistered
agent. I a	m familiar with, and accept the obliga	ations of, Sec	ction 607.0505, Floi	nda Statu	ites.					
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CITY-ST-ZIP, A 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 rus 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 of 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 attack from with an address, with all other like empowered.

SIGNATURE:

REQUIRED Sept or PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

(727) 578-4545