


FILED

Apr 21 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name OTW INC			DOCUMENT # P96000025430		
Mailing Address P. O. Box 916343 LONGWOOD, FL 32779		Principal Place of Business 613 SABAL LK DR # 205 LONGWOOD, FL 32779			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 3-18-96 3a. Date of Last Report N/A 4. FCI Number 59-3370424 5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/> 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent RITA MONTANA 613 SABAL LAKE DR #205 LONGWOOD, FL 32779			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)			DATE		
12. OFFICERS AND DIRECTORS			13. CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME P/D DIMMACK, ROBERT NA 1.3 STREET ADDRESS PO BOX 916343 1.4 CITY-ST-ZIP LONGWOOD, FL 32779			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
2.1 TITLE 2.2 NAME RITA MONTANA NA 2.3 STREET ADDRESS PO BOX 916343 2.4 CITY-ST-ZIP LONGWOOD, FL 32779			6.1 TITLE 6.2 NAME 200002150212 -04/22/97--01020--058 ***165.00		
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: R E Dimmick SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-15-97 (407) 774-2608 Date Daytime Phone #		