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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025835 (5)

OEB, INC.

Mailing Address

Principal Place of Business 280 LAKEVIEW AVENUE UMATILLA FL 32784

260 LAKEVIEW AVENUE UMATILLA FL 32784

FILED
May 08 1998 8:00am
Secretary of State



UMATILLA FL	32784	UMATICLA FL 32/84			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 03/18/1996		
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number	Applied For	
21		26				59-3382485	Not Applica	ıble
Suite, Apt.	f, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	- 1
22		27				5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00 May Be	l
23		28		Trust Fund Contribution	Added to Fees			
Zip	Country	Zip	Cou	ıntry		8. This corporation owes or has paid the c		
24	25	29	30	·		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre	nt Registered Agent		81	*1	10. Name and Address of New Registered	1 Agent	
BEYER, RUTH				ויפן	Name			
260 LAKEVIEW AVENUE				82	Street Add	tress (P.O. Box Number is Not Acceptable)		
UMA							\dashv	
				83				
				84	City	F	85 Zip Code	
11. Pursuant to office or reagent. I ar	o the provisions of Sections 607.056 ogistered agent, or both, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was pations of, Section 607. 050 5, F	ites, the a authorize lorida Sta	bove d by tutes	e-named cor the corpora s.	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its register pointment as registere	red ;d
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if appheable (NO	NE Registere	ed Age	nt signature requ	ulred when reinstating) DATE		
12.	OFFICERS AN	VD DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AF		
TITLE	PD	DELETE	1.1 Τ(Τ)				Change Addi	ition
NAME	BEYER, OTTO		1.2 N	1.2 NAME				
STREET ADDRESS	260 LAKEVIEW AVENUE		1.3 S	1.3 STREET ADDRES				
CITY-ST-ZIP	UMATILLA FL		1.4 0	1.4 CITY - ST - ZIP				
TITLE	STD DELETE		21 T	2 1 TITLE			Change Addi	ition
NAME	BEYER, RUTH		22 N	2 2 NAME				
STREET ADDRESS	260 LAKEVIEW AVENUE		2 3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	umatilla fl		2.40	2 4 CHY-ST-ZIP				
TITLE	DELETE			3.1 TITLE			Change Addi	ition
NAME				3.2 NAME				
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
TITLE	DELETE			4.1 TITLE			Change Addi	ition
NAME			4.2	ПМАИ				
STREET ADDRESS			4.3 9	STREET	ADDRESS			
CITY-ST-ZIP			4.4 0	HTY-S	iT - ZIP			
TITLE		DELETE	5.1 T	ITLE			Change Add	ition
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 9	STREE!	ADDRESS			
CITY-ST-ZIP			5.4 (HTY-S	11 - ZIP			
TITLE	DELETE			6.1 TITLE			Change Add	ition
NAME			6.21	IAME				
STREET ADDRESS			6.3 9	TREE 1	ADDRESS			
CITY-ST-ZiP					5T - ZIP			
14. I hereby o	ertify that the information supplied	with this filing does not qualify	for the ex	emp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further	certify that the informat	ion

indicated on this annual report or supplied with this timing does not qualify for the exemption stated in declared in declared in the corporation of the receiver or trusted 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.

Auth 13 eyez.

See Tree 15.