

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
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90013 039 ***150.00

DOCUMENT # P96000029161

1. Corporation Name
OTM ADVISORS, INC.

Principal Place of Business
3200 SHAWNEE AVENUE, SUITE 4
WEST PALM BEACH FL 33409

Mailing Address
3200 SHAWNEE AVENUE, SUITE 4
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1996

4. FEI Number

65-0654259

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3007 Yamato Road
Suite, Apt. #, etc.

2a. Mailing Address

26 3007 Yamato Road
Suite, Apt. #, etc.

City & State

23 Boca Raton, FL
Zip Country

City & State

28 Boca Raton, FL
Zip Country

24 33434

25 USA

29 33434

30 USA

9. Name and Address of Current Registered Agent

PAVESE, ROBERT
3200 SHAWNEE AVE.
SUITE 4
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4521 PGA BLVD.

83 #323

84 City

Palm Beach Gardens

FL

85 Zip Code

33418

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME PAVESE, ROBERT
STREET ADDRESS 3200 SHAWNEE AVE., SUITE 4
CITY-ST-ZIP WEST PALM BEACH FL

TITLE P ☐ DELETE

NAME REITANO, RICK
STREET ADDRESS 3200 SHAWNEE AVE.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ST ☐ DELETE

NAME EASTWICK, KATHY
STREET ADDRESS 3200 SHAWNEE AVE.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4521 PGA BLVD., #323

1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3228 GUNCLUB RD

2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33406

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 3235 NW 64TH STREET

3.4 CITY-ST-ZIP BOCA RATON, FL 33496

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED
ROBERT R. PAVESE

4/5/99

(561) 630-7174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0327318