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Mar 25 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 # P96000039283 (2)

1. Corporation Name:
OLIVE OYL, INC.

Principal Place of Business

1221 MAGDALENE GROVE AVENUE
TAMPA FL 33613-2024

Mailing Address

1221 MAGDALENE GROVE AVENUE
TAMPA FL 33613-2024



2. Principal Place of Business

21 325 WEST SHORE PLAZA
Suite, Apt. #, etc.

22 City & State

23 TAMPA FL

24 33609

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/06/1996

3a. Date of Last Report

4. FEI Number

59-3380 950

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

CAMPBELL, THOMAS G
1221 MAGDALENE GROVE AVENUE
TAMPA FL 33613-2024

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, 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 type to printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CAMPBELL, JOAN
STREET ADDRESS 1221 MAGDALENE GROVE AVENUE
CITY-ST-ZIP TAMPA FL 33613-2024

DELETE

TITLE D
NAME CAMPBELL, THOMAS G
STREET ADDRESS 1221 MAGDALENE GROVE AVENUE
CITY-ST-ZIP TAMPA FL 33613-2024

DELETE

TITLE D
NAME LEAVINE, BARBARA A
STREET ADDRESS 505 BAYLAND
CITY-ST-ZIP HOUSTON TX 77009

DELETE

TITLE D
NAME LEAVINE, WILBURN W
STREET ADDRESS 505 BAYLAND
CITY-ST-ZIP HOUSTON TX 77009

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

JOAN A CAMPBELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7097(813) 281-2555

CR2E034 (9/96)