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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 30 1997 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600060589 (4)

O.D. PARAMUS, INC.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Principal Pia 3315 NORTH SUITE E BROOKFIELD		3315 SUITE	Mailing Address 3315 NORTH 124TH ST. SUITE E BROOKFIELD WI 53005-3105				
						3. Date Incorporated or Qualified 3a. Date of Last Report 07/19/1996	
2. Principal	Place of Business	2a. M	2a. Mailing Address			4. FEI Number Applied For	
21		26	26			39-1861375 Not Applicable	
Suite, Apt. #, etc.		27 Si				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Sta	ate	28	ty & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	70	p	Countr	У	8. This corporation has liability for inlangible tax under s. 199.032,	
24	25 25 25 25 Common of Comm	29		30		Florida Statutes Yes No	
	9, Name and Address of Curr	eni Hegister	ea Agent	B1	Name	10. Name and Address of New Registered Agent	
SPARKMAN, KENDALL. 200 SOUTH BISCAYNE BLVDF. SUITE 2500 MIAMI FL 33131-2336				82	82 Street Address (P.O. Box Number is Not Acceptable) 83		
				84	,	FL 85 Zrp Code d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered a	ngent and bleef ap		CII Registered Ag	jent signature	re required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	IND DINE GIC	DELETE	1,1 TILLE		Change Addition	
NAME	KARL, KENNETH B			1.2 NAME			
STREET ADDRESS		Y #1304		1.3 STREE	I ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146			1.4 0(1)	S1-2IP		
TITLE			☐ DELFTE	2 1 TOTLE		VST Change X Addition	
NAME				2.2 NAMI		Nennig, Michelle M.	
STREET ADDRESS					T ADDRESS	3315 North 124th Street, Ste. E	
CITY-ST-ZIP			DELETE	2 4 CITY	S1-7)P	Brookfield - WI 53005	
NAME			டு மூரார	3.1 TITLE 2.0 NAME		Change Addition	
STREET ADDRESS				3.2 NAME	T ADDRESS		
CITY-ST-ZIP				3.4. CITY-			
TiTLE			☐ DELETE	4.1 TITLE	or of	Change Addition	
NAME			·	4. 2 NAMI		19-	
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				44 CITY-			
TITLE			DELETE	5.1 TOTALE		Change Addition	
NAME				52 NAME			
STREET ADDRESS				5.3 STREE	T ADDRESS		

14. Ido 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 eath; 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.

O.D. PARAMUS, INC.

6111314

62 NAME

63 STREET ADDRESS

DELETE