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

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

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CITY-ST-21P

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

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NAME

TITLE NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066389

OPPORTUNITIES OF THE TREASURE COAST, INC.

Principal Place of Business Mailing Address 5604 OLEANDER AVENUE 5604 OLEANDER AVENUE FORT PIERCE FL 34982 FORT PIERCE FL 34982 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/08/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0687267 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Žφ Country 8. This corporation owes or has paid the current year Intangible □ No Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** PIERLE 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. REODEN President 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE REDDEN, TERRELL E NAME 12 NAME **5604 OLEANDER AVENUE** STREET ADDRESS 1.3 STREET ADDRESS FORT PIERCE FL 34982 CITY-ST-7IP 1.4 CITY - ST- 7IP DELETE 1 Addition TITLE 2.1 TITLE Change MARY ANN REDUEN

2.2 NAME

31 THILE

32 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

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2 3 STREET ADDRESS

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4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

5604 DLEANDER AN

Pience

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

FILED

May 13 1998 8:00am

Secretary of State

Change

Change

Change

Change

☐ Addition

Addition

Addition

Addition