

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

FILED

Mar 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000074010 (5)

1. Corporation Name  
OKEECHOBEE BUSINESS VENTURES, INC.

Principal Place of Business  
1800 NEBRASKA AVENUE  
SUITE 10  
FT. PIERCE FL 34950

Mailing Address  
1800 NEBRASKA AVENUE  
SUITE 10  
FT. PIERCE FL 34950



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/06/1996

4. FEI Number  
65-0694177

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 1115 N. PARROTT AVE  
Suite, Apt. #, etc.  
22  
City & State  
23 OKEECHOBEE, FL  
Zip  
24 34972  
Country  
25 US

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent

KORUPARA, A. PRASAD  
1800 NEBRASKA AVENUE  
SUITE 10  
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

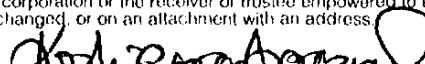
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KORUPARA, A. PRASAD
STREET ADDRESS	1800 NEBRASKA AVENUE, SUITE 10
CITY-ST-ZIP	FT. PIERCE FL 34950
TITLE	V
NAME	WOODY, RONALD H.
STREET ADDRESS	1900 NEBRASKA AVE., STE. 10
CITY-ST-ZIP	FT. PIERCE FL
TITLE	TS
NAME	KUMAR, RAMESH J.
STREET ADDRESS	1800 NEBRASKA AVE., STE. 10
CITY-ST-ZIP	FT. PIERCE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TS KUMAR, RAMESH J.
3.3 STREET ADDRESS	1800 NEBRASKA AVE. STE 10.
3.4 CITY-ST-ZIP	FT. PIERCE, FL.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: 

2/30/98 561 489 5910

CR2E034 (1097)