

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000099787 (9)			
1. Corporation Name OP II, Inc.			
Principal Place of Business 1615 S. Congress Ave. Suite 200 Delray Bch., FL 33445		Mailing Address 1615 S. Congress Ave. Suite 200 Delray Beach, FL 33445	
2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 12/09/1996		3a. Date of Last Report 02/97	
4. FEI Number 65-0716947		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT Corporation System 1200 S Pine Island Rd Plantation FL 33324		10. Name and Address of New Registered Agent 81 Name CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S Pine Island Road 83 84 City Plantation FL 85 Zip Code 33324	
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 <u>Vicky Goldstein</u> VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/30/98			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME Totte, Robert P. STREET ADDRESS 1615 S. Congress Ave. Ste 200 CITY - ST - ZIP Delray Beach, FL 33445	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME O'Hara, Cheryl M. STREET ADDRESS 1615 S. Congress Ave. Ste 200 CITY - ST - ZIP Delray Beach, FL 33445	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Kelley, Janet G. STREET ADDRESS 1615 S. Congress Ave. Ste 200 CITY - ST - ZIP Delray Beach, FL 33445	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Rector, Bruce STREET ADDRESS 1615 S. Congress Ave. Ste 200 CITY - ST - ZIP Delray Beach, FL 33445	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME Kline, Michael 4.3 STREET ADDRESS 1615 S. Congress Ave. Ste 200 4.4 CITY - ST - ZIP Delray Beach, FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002536424 -05/27/98--01079--050 ***150.00
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Cheryl M. O'Hara</u> Cheryl M. O'Hara, Dir. 4/3/98 (561) 243-2134 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)