

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90292 004 ***150.00

DOCUMENT # P96000099787

1. Corporation Name
OP II, INC.

Principal Place of Business

1615 SOUTH CONGRESS AVE., STE. 200
DELRAY BEACH FL 33445

Mailing Address

1615 SOUTH CONGRESS AVE., STE. 200
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number

65-0716947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2381 EXECUTIVE CENTER DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26 2381 EXECUTIVE CENTER DRIVE
Suite, Apt. #, etc.

City & State

23 BOCA RATON, FL
Zip Country

City & State

28 BOCA RATON, FL
Zip Country

24 33431

25 USA

29 33431

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 ☐ DELETE
NAME TOTTE, ROBERT
STREET ADDRESS 1615 SOUTH CONGRESS AVE., STE. 200
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE D ☐ DELETE
NAME CHERY L.H. O'HARA
STREET ADDRESS 1615 S. CONGRESS AVE., STE 200
CITY-ST-ZIP DELRAY BCH FL

TITLE D ☒ DELETE
NAME BRUCE RECTOR
STREET ADDRESS 1615 S. CONGRESS AVE., STE 200
CITY-ST-ZIP DELRAY BCH FL

TITLE D ☐ DELETE
NAME JANET G. KELLEY
STREET ADDRESS 1615 S. CONGRESS AVE., STE 200
CITY-ST-ZIP DELRAY BCH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director VP & Treasurer ☒ Change ☐ Addition
1.2 NAME TOTTE, Robert
1.3 STREET ADDRESS 2381 Executive Center Drive
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE Director VP & Asst. Sec ☒ Change ☐ Addition
2.2 NAME Cheryl M. O'Hara
2.3 STREET ADDRESS 2381 Executive Center Drive
2.4 CITY-ST-ZIP Boca Raton, FL 3343

3.1 TITLE Director / President ☐ Change ☒ Addition
3.2 NAME Paul E. Shapiro
3.3 STREET ADDRESS 2381 Executive Center Drive
3.4 CITY-ST-ZIP Boca Raton, FL 33431

4.1 TITLE Director VP & Sec. ☒ Change ☐ Addition
4.2 NAME Janet G. Kelley
4.3 STREET ADDRESS 2381 Executive Center Drive
4.4 CITY-ST-ZIP Boca Raton, FL 33431

5.1 TITLE Director, VP ☐ Change ☒ Addition
5.2 NAME James Miller
5.3 STREET ADDRESS 2381 Executive Center Drive
5.4 CITY-ST-ZIP Boca Raton, FL 33431

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)