

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

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000007937 (0)**  
 1. Corporation Name  
**O.H.G., INC.**



Principal Place of Business <b>2361 ELKCAM BLVD. PORT CHARLOTTE FL 33952</b>	Mailing Address <b>2361 ELKCAM BLVD. PORT CHARLOTTE FL 33952</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>SAME</b>	26 <b>P.O. BOX 3650</b>	Suite, Apt #, etc.	
22 <b>PORT CHARLOTTE</b>	27 <b>PORT CHARLOTTE</b>	City & State	
23 <b>FLORIDA</b>	28 <b>FLORIDA</b>	City & State	
24 <b>33949</b>	29 <b>33949</b>	30 <b>USA</b>	Country

3. Date Incorporated or Qualified <b>01/21/1997</b>	
4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KAZWELL, STANLEY SR.  
 2361 ELKCAM BLVD.  
 PORT CHARLOTTE FL 33952**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PRESIDENT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STANLEY KAZWELL</b>		1.2 NAME
STREET ADDRESS <b>2361 ELKCAM BLVD.</b>		1.3 STREET ADDRESS
CITY-ST-ZIP <b>PORT CHARLOTTE FL. 33949</b>		1.4 CITY-ST-ZIP
TITLE <b>TREASURER</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GEORGE L. CANCELLA</b>		2.2 NAME
STREET ADDRESS <b>P.O. BOX 512190 N/A</b>		2.3 STREET ADDRESS
CITY-ST-ZIP <b>PUNTA GORDA FLORIDA 33951-2190</b>		2.4 CITY-ST-ZIP
TITLE <b>VICE-PRESIDENT</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GREGORY F. DION</b>		3.2 NAME
STREET ADDRESS <b>957 DUPIN AVE.</b>		3.3 STREET ADDRESS
CITY-ST-ZIP <b>PORT CHARLOTTE, FLA. 33948</b>		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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 **Stanley Kazwell** (Signature, typed or printed name of registered agent and title if applicable) DATE **01/29/98**

CR2E034 (10/97)