

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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000032943 (7)

1. Corporation Name
OTTOVEST, INC.

Principal Place of Business
15351 ROOSEVELT BLVD., STE. 100
CLEARWATER FL 34620

Mailing Address
15351 ROOSEVELT BLVD., STE. 100
CLEARWATER FL 34620



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 04/10/1997	
4. FEI Number 59-3438482	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
GORENFLO, KAREN L
15351 ROOSEVELT BLVD., STE. 100
CLEARWATER FL 34620

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLER, ROBERT O	1.2 NAME	
STREET ADDRESS	15351 ROOSEVELT BLVD., STE. 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	1.4 CITY-ST-ZIP	33760
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLER, LISA M	2.2 NAME	
STREET ADDRESS	15351 ROOSEVELT BLVD., STE. 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	2.4 CITY-ST-ZIP	33760
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLER, ROBERT L	3.2 NAME	
STREET ADDRESS	15351 ROOSEVELT BLVD., STE. 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	3.4 CITY-ST-ZIP	33760
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORENFLO, KAREN L	4.2 NAME	
STREET ADDRESS	15351 ROOSEVELT BLVD., STE. 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34620	4.4 CITY-ST-ZIP	33760
TITLE		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		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: _____ TREASURER 1/19/98 813539 8800

CR2E034 (10/97)