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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000067811 (4)

P. R. O'MARA, INC.

FILED Mar 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-{	ACEL DUCLE CITE	10001 10101 110	IBI IIBI IBBI	
9090 SOMER BONITA SPR	SET LANE INGS FL 34135	9090 SOMERSET LANE BONITA SPRINGS FL 34135			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
						08/04/1997				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Ar	oplied For	1
21		26				59-3460090		No	ot Applicable]
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired		
City & Stat 23	ee	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible				
24	25	29 Pagistared Acous	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
g, Name and Address of Current Registered Agent					ame	10. Name and Address of New H	agistered A	(gent		4
	MARA, PATRICK R		L							
	90 S OMERSET LANE INITA SPRINGS FL 34135		l	62 St	reet Addre	Idress (P.O. Box Number is Not Acceptable)				
Đ	MITA SPRINGS PL 34 (33		ŀ	83						1
			-	84 Ci				lor l Zin /		-
				64 C1	ty		FŁ	85 Zip (Code	
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obliga	of Florida. Such change was	authorized	by the	med corpo corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of pt the appr	changing it ointment as	s registered registered]
SIGNATURE	Signature, typed or printed name of registered agen	(1)	- n			distance in the Vand	DATE			
12,	DIRECTORS	(NOTE: Registered Agent signature requ			ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12	- S	
TITLE	D.P			LE		7122440,011,040,2010	02,10,110	☐ Change	☐ Addition	
NAME	PATRICK R. O'MARA		1.2 NA	1.2 NAME						2
STREET ADDRESS	9090 SOMERSET LANE			.3 STREET ADDRESS						Ľ
CITY-ST-ZIP	BONITA Springs, FL 34135			Y-ST-ZIP						_\ <u>&</u>
TITLE	<i>2</i> , 0, 1		2.1 TITI	2.1 TITLE				Change	Addition Addition	C
HAME	JOAN A O'MARA		2.2 NAI	2.2 NAME						ļ
STREET ADDRESS	9090 SOMERSET LAI			ieet addf						
CITY-ST-ZIP	BONITA SPRINGS, FL	- 34135	2. 4 Cit	TY-ST-ZIP				Change	Addition	-
TITLE NAME				3.2 NAME					L.J Agoldon	ŀ
STREET ADDRESS	■ 1			3.3 STREET ADDRESS						
CITY-ST-ZIP			. I	Y-ST-ZIF						i
TITLE			4.1 117					Change	☐ Addition	1
NAME			4. 2 NA				,			
STREET ADDRESS	IESS 4		4.3 STR	4.3 STREET ADDRESS						i
CITY-ST-ZIP		4.4		1.4 CITY - ST - ZIP						
TITLE		☐ DELET E	5.1 T(T)	E]			Change	Addition	
NAME	5.20		5.2 NA	.2 NAME						1
STREET ADDRESS	ESS		5.3 STP	5.3 STREET ADDRESS						
CITY-\$T-ZIP			5.4 CIT	r-ST-ZIP						1
TITLE	DELETE			6.1 TITLE			ļ	Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			1	EET ADDR	ess					
CITY-ST-ZIP	certify that the information supplied wit	h this filing does not qualify f		r-ST-ZIP	etated in [©]	Section 119.07/3\(i) Florida Statuton	further co	tify that the	information	1
14. I HO(OUV (APPEAR FOR THE INTERNATION OF THE WILL		v: 1110 0AC		STATE OF THE O	ropion i isloriomin i fiblica dialules.				1

Thereby certify that the information supplied with this limit does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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.