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FILED

May 18 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 # P97000070945 (5)

1. Corporation Name

OPV DEVELOPMENT, INC.

Principal Place of Business

2055 WOOD STREET  
SUITE 215  
SARASOTA FL 34237

Mailing Address

2055 WOOD STREET  
SUITE 215  
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1997

4. FEI Number

65-0783059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1200 N. OCEAN BLVD.  
Suite, Apt. #, etc.

26 1200 N. OCEAN BLVD.  
Suite, Apt. #, etc.

22 City & State  
23 Pompano Beach FL

27 City & State  
28 Pompano Beach FL

24 Zip Country  
25 33062 USA

29 Zip Country  
30 33062 USA

9. Name and Address of Current Registered Agent

WALLACK, MICHAEL M ESQ  
2055 WOOD STREET  
SUITE 215  
SARASOTA FL 34237

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 PSTD ☒ DELETE  
NAME BLOOM, DIANE  
STREET ADDRESS 1756 EAGLE TRACE BLVD WEST  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 P ☐ Change ☒ Addition  
1.2 NAME JOHN W. DEHAUEN  
1.3 STREET ADDRESS 10605 C MAUMELLE BLVD.  
1.4 CITY-ST-ZIP MAUMELLE AR 72113

2.1 TITLE S ☐ Change ☒ Addition  
2.2 NAME MICHAEL G. TONN  
2.3 STREET ADDRESS 25550 HAWTHORNE BLVD. #207  
2.4 CITY-ST-ZIP TORRANCE, CA 90505

3.1 TITLE V ☐ Change ☒ Addition  
3.2 NAME ROBERTO J. ESCOBAR  
3.3 STREET ADDRESS 1200 N. OCEAN BLVD.  
3.4 CITY-ST-ZIP POMPAHO BEACH FL 33062

4.1 TITLE V T ☐ Change ☒ Addition  
4.2 NAME DAVID R. PAES  
4.3 STREET ADDRESS 7416 ROUTE DR.  
4.4 CITY-ST-ZIP N. LITTLE ROCK AR 72116

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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.

SIGNATURE:

*David R. Paes*

DAVID R. PAES

4-27-98

501-791-3488

CR2E034 (10/97)