## 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 #

1. Corporation Name

TITLE NAME

TITLE

NAME

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NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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P97000079828 (4)

OLEN RESIDENTIAL REALTY ENCUMBRANCE I CORP.

Jeanette C. Bullington

1062 Coral Ridge Drive

Coral Springs, FL 33071

Principal Place of Business Mailing Address 1062 CORAL RIDGE DRIVE 1062 CORAL RIDGE DRIVE **CORAL SPRINGS FL 33071** CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1997 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #. etc. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **OLENICOFF, IGOR** 1062 CORAL RIDGE DRIVE Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 83 84 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 nan-e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. P/D DELETE Change Addition 1.1 TITLE TITLE Igor M. Olenicoff 1.2 NAME NAME 1062 Coral Ridge Drive 1.3 STREET ADDRESS STREET ADDRESS Coral Springs, FL 33071 City-St-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition V/T/D 2.1 TITLE TITLE 2.2 NAME NAME Andrei Olenicoff 2.3 STREET ADDRESS STREET ADDRESS 1062 Coral Ridge Drive 2.4 CITY-ST-ZIP CITY-ST-ZIP Coral Springs, FL 33071 DELETE ☐ Change Addition 3.1 TITLE

14. I hereby certify that the information supplied with this filing days 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 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 corport on or increceiver or trusted, supplemental annual report is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLÉ

6.2 NAME

DELETE

DELETE

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3.3 STREET ADDRESS

4.3 STREET ADDRESS

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6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4, CITY-ST-ZIP

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(714)710 7010

Change

Change

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Addition

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**FILED** 

Feb 19 1998 8:00am

Secretary of State