

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

FILED  
May 12 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 # P 970000 96018  
Corporation Name: Barbara Olsen, PA

Principal Place of Business: 7234 Sharnpsburg Blvd. New Port Richey, FL 34653  
Mailing Address: [Blank]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/07/77

4. FET Number: [Blank] 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: [Blank]

2a. Mailing Address: [Blank]

21. Suite, Apt. #, etc.: [Blank]

22. City & State: [Blank]

23. Zip: [Blank] Country: [Blank]

24. [Blank] 25. [Blank] 26. [Blank] 27. [Blank] 28. [Blank] 29. [Blank] 30. [Blank]

9. Name and Address of Current Registered Agent: Barbara Olsen, PA, 7234 Sharnpsburg Blvd., New Port Richey, FL 34653

10. Name and Address of New Registered Agent: [Blank]

81. Name: [Blank]

82. Street Address (P.O. Box Number is Not Acceptable): [Blank]

83. [Blank]

84. City: [Blank] FL 85. Zip Code: [Blank]

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	President, Director	<input type="checkbox"/> DELETE
NAME	Barbara Olsen	
STREET ADDRESS	7234 Sharnpsburg Blvd	
CITY-ST-ZIP	New Port Richey FL 34653	
TITLE	Secretary, Treasurer, Director	<input type="checkbox"/> DELETE
NAME	Carmen Koch	
STREET ADDRESS	7234 Sharnpsburg Blvd	
CITY-ST-ZIP	New Port Richey FL 34653	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
23.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23.2 NAME	
23.3 STREET ADDRESS	
23.4 CITY-ST-ZIP	
33.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33.2 NAME	
33.3 STREET ADDRESS	
33.4 CITY-ST-ZIP	
43.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43.2 NAME	
43.3 STREET ADDRESS	
43.4 CITY-ST-ZIP	
53.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53.2 NAME	
53.3 STREET ADDRESS	
53.4 CITY-ST-ZIP	
63.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63.2 NAME	
63.3 STREET ADDRESS	
63.4 CITY-ST-ZIP	

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\*\*\*150.00

14. I hereby certify that the information submitted 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 supplementary 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 attached form with an address.

SIGNATURE: Barbara Olsen, PA (Barbara Olsen, P.A.) 4/28/98 934-4099

CR2E034 (10/97)