

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000108700 (0)

1. Corporation Name
OBI-1 OF PENSACOLA, INC.

Principal Place of Business
P. O. BOX 34320
PENSACOLA FL 32507-4320

Mailing Address
P. O. BOX 34320
PENSACOLA FL 32507-4320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16284 Perdido Key Dr. Suite, Apt. #, etc. Suite 511 City & State Pensacola FL Zip 32507 Country USA		2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country		3. Date Incorporated or Qualified 12/30/1997	
22		27		4. FEI Number 59-3493204 Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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 SHELL, STEPHEN B 228 PALAFOX PLACE, 9TH FLOOR PENSACOLA FL 32501				10. Name and Address of New Registered Agent 81 Name Robert C. Field 82 Street Address (P.O. Box Number is Not Acceptable) 16284 Perdido Key Dr. #511 83 84 City Pensacola FL 85 Zip Code 32507			
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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)

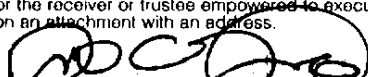
DATE

2/28/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	NAME	FIELD, ROBERT C	1.1 TITLE			
STREET ADDRESS			16284 PERDIDO KEY DR., #511	1.2 NAME			
CITY-ST-ZIP			PENSACOLA FL 32507	1.3 STREET ADDRESS			
TITLE	D	NAME	NORMAN, ROBERT H JR.	1.4 CITY-ST-ZIP			
STREET ADDRESS			915 E. GURLEY ST.	2.1 TITLE			
CITY-ST-ZIP			PRESCOTT FL 86301	2.2 NAME			
TITLE	D	NAME	FRANCO, ALLAN I	2.3 STREET ADDRESS			
STREET ADDRESS			809 JEFFERSON HWY	2.4 CITY-ST-ZIP			
CITY-ST-ZIP			NEW ORLEANS LO 70121	3.1 TITLE			
TITLE		NAME		3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE			
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE			
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE			
TITLE		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



2/28/98

850-492-3332

CR2E034 (10/97)