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 # P9800000054 (0)					
O2 W, INC.					
					. 1881 1881 1881 1882 1881 1884 1884 1884
Principal Plac	on of Business	Mailing Address	 _		
#H2L	WAI EASI	#H2L	1141 MARINE WAY EAST #H2L		
JUPITER FL 33408		JUPITER FL 33	JUPITER FL 33408		DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualified 12/31/1997
2. Principal Place of Business		2a, Mailing Add	2a. Mailing Address		4. FEI Number Applied For
21		26			65 080 9658 Not Applicable
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
City & State		City & State	City & State		Fee Required
23 City & Stat	•	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	1 c	ountry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of C			I	10. Name and Address of New Registered Agent
FA	RACH, MANUEL	-		81 Name	
ON DATION CODECT				82 Street	Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33401					, 10, 55x (14, 55x (14, 15)
				83	
				84 City	85 Zip Code
ļ		-	· <u>-</u>		FL T T
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 reinstaling) DATE					
12.		S AND DIRECTORS	13	l	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	20	LETE 1.1	TITLE	0/P/S Addition
NAME	FARACH, MANUEL		1.2	NAME	Larry A. Smith
STREET ADDRESS			1.3	STREET ADDRESS	Larry A. Smith 1141 Harinelly Bast HAL North Palm Beach, FL 33408
CITY-ST-ZIP	WEST PALM BEACH FL			CITY-ST-ZIP	North Halm Beach, FL 33408
TITLE		□ DI		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP TITLE				CITY-ST-ZIP	Change Addition
NAME		<u></u> μ ν.		NAME	C Drawyo C Frankon
STREET ADDRESS			1	STREET ADDRESS	
CITY-ST-ZIP			1	. CITY-ST-ZIP	
TITLE		□ DE		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP			4.4	CITY-ST-ZIP	
TITLE		☐ DE		TITLE	Change Addition
			1		1

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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

314198 (501)691-1863

Change

☐ Addition

FILED

Mar 17 1998 8:00am

Secretary of State