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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

CITY-ST-ZIP

STREET ADDRESS

CHTY-ST-ZIP

TITLE

NAME

P98000001108 (3)

OLSON & ASSOCIATES, INC.

Principal Place of Business Mailing Address 840 EAST OCEAN AVE..STE.16 640 EAST OCEAN AVE..STE.16 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1997 2. Principal Place of Business 2a, Mailing Address Applied For 65-0804720 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 24 30 Yes 25 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name OLSON, DANIEL G 640 EAST OCEAN AVE., STE. 16 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** 83 Zip Code 85 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, typod or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 11 THTLE RESIDENT DANIEL G. BLSON NAME 1.2 NAME 640 E OCEAN AIG, STE 16 STREET ADDRESS 1.3 STREET ADDRESS BIYNTON BEACH, FE 33435 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TrTLE Change Addition SECKETARY NAME 2.2 NAME ANDRE B. OLSON STREET ADDRESS 2.3 STREET ADDRESS GYUE OCEAN AVE, STE 16 CITY-ST-ZIP BOYNTON BEACH, A 31431 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE Change Addition 4 1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

Change

Addition

FILED

May 11 1998 8:00am

Secretary of State