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

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #  P98000001108**

1. Corporation Name
**OLSON & ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 640 EAST OCEAN AVE..STE.16 BOYNTON BEACH FL 33435 | 640 EAST OCEAN AVE..STE.16 BOYNTON BEACH FL 33435 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
**12/22/1997**

| | 2. Principal Place of Business | | 2a. Mailing Address |
|---|---|---|---|
| 21 | | 26 | 6291 Terra Rosa CIR |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State  Boynton Beach, FL |
| 24 | Zip          Country | 25 | 29 Zip 33437  30 Country |

4. FEI Number
**65-0804720**

Applied For
Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax.  ☒Yes  ☐No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| OLSON, DANIEL G 640 EAST OCEAN AVE.,STE.16 BOYNTON BEACH FL 33435 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable) 6291 Terra Rosa CIR<br>83<br>84 City Boynton Beach   FL   85 Zip Code 33437 |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| TITLE **P** NAME **OLSON, DANIEL G** STREET ADDRESS **640 EAST OCEAN AVE.,STE.16** CITY-ST-ZIP **BOYNTON BEACH FL 33435** | ☐ DELETE | 1.1 TITLE **P** 1.2 NAME OLSON, Daniel G. 1.3 STREET ADDRESS 6291 Terra Rosa CIR 1.4 CITY-ST-ZIP Boynton Beach, FL 33437    ☒ Change  ☐ Addition |
| TITLE **S** NAME **OLSON, ANDRE** STREET ADDRESS **640 EAST OCEAN AVE.,STE.16** CITY-ST-ZIP **BOYNTON BEACH FL 33435** | ☒ DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP    ☐ Change  ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP    ☐ Change  ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP    ☐ Change  ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP    ☐ Change  ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP    ☐ Change  ☐ Addition |

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, with all other like empowered.

**SIGNATURE:** _____ Daniel G. Olson    4/28/99    561 995-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #

CR2E034 (11/98)