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

PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P98000020987

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90049 038 ***150.00

OLENE, INC.		
cipal Place of Business	Mailing Address	[(
1		

	e of Business	Mailing Address						
11201 LAKEVIE		11201 LAKEVIEW DRIVE				`		
CORAL SPRING	SS FL 33071	CORAL SPRINGS FL 33071			DO NOT WRITE	E IN THIS SE	PACE	
					3. Date Incorporated or Qualifed		7.00	
'					03/04/1998			
2. Principal P	Place of Business	2a, Mailing Address			4 FEI Number		Apr	olied For
21 .		26			65-08207	72	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				п· ^	\$8.75 A	dditional
22	•	27			5. Certifcate of Status Desired	<u> </u>	Fee Re	quired
City & State	te	City & State			6, Election Campaign Financing	П	\$5.00	, ,
23	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip Country		<i>!</i>	8. This corporation owes the current			□No
24	25	29 30	0		Personal Property Tax.			LINO
· -	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Re	egistered Ag	jeni	
, sch	IWARTZ, JOLENE		"	Name	_			
	01 LAKEVIEW DRIVE		82	Street Add	dress (P.O. Box Number is Not Acceptab	ole) ,		
	RAL SPRINGS FL 33071		83					
					<u> </u>		A=1 7:- 6	٠.
. !		Contract to the second	84	City		FL	85 Zip C	ode
11. Pursuant	As the servicions of Continue CO7 0502	and CO7 1EOR Florida Statutos	the abov	e-named cor	rporation submits this statement for the p	urpose of ch	anging its	registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was auth ons of, Section 607.0505, Florid	norized by a Statutes	the corporat 3.	tion's board of directors. I hereby accept	the appoints	nent as reç	jistered
SIGNATURE		,			•			ļ
SIGNATORE	Signature, typed or printed name of registered agent a			nt signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND		
	l 6	C1 DELETE	A A TITLE				l Change	I noitibbA □
TITLE	D COUNTABATE TO ENE	☐ DELETE	1.1 TITLE			[_ Change	☐ Addition
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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

JOINDAN MUNICIPAL ED AND THE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 Date

Daytime Phone #