

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000025505**

1. Corporation Name

OCCIDENTAL GROUP MANAGEMENT, INC.

Principal Place of Business

**369 SOUTH LAKE DRIVE #F3
PALM BEACH FL 33480-4555**

Mailing Address

**369 SOUTH LAKE DRIVE #F3
PALM BEACH FL 33480-4555**

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90010 005 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number

65-0835346

Applied For

Not Applicable

5. Certificate 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.

☐ Yes ☒ No

2. Principal Place of Business

21 249 ROYAL PALM WAY

2a. Mailing Address

26 249 ROYAL PALM WAY

Suite, Apt. #, etc.

22 SUITE 401

Suite, Apt. #, etc.

27 SUITE 401

City & State

23 PALM BEACH FL

City & State

28 PALM BEACH FL

Zip

24 FL 33480

Country

25 USA

Zip

29 33480

Country

30 USA

9. Name and Address of Current Registered Agent

**DESIDERIO, PETER L ESQ
STEARNS WEAVER MILLER WEISSLER, ET. AL.
200 EAST BROWARD BOULEVARD - SUITE #1900
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

VESNA OELSNER

82 Street Address (P.O. Box Number is Not Acceptable)

249 ROYAL PALM WAY

83

SUITE 401

84 City

PALM BEACH

FL

85 Zip Code

33480

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 **Vesna Oelsner, PRESIDENT (VESNA OELSNER)**

7/17/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **OELSNER, VESNA**
STREET ADDRESS **369 SOUTH LAKE DRIVE #F3**
CITY-ST-ZIP **153 WOODBRIDGE RD.
PALM BEACH FL 33480-4555**

TITLE **DIRECTOR** ☐ DELETE
NAME **PATRICIA MANANEY**
STREET ADDRESS **419 SEASPRAY AVENUE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **VESNA OELSNER**
1.3 STREET ADDRESS **153 WOODBRIDGE RD**
1.4 CITY-ST-ZIP **PALM BEACH FL 33480**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **PATRICIA MANANEY**
2.3 STREET ADDRESS **419 SEASPRAY AVENUE**
2.4 CITY-ST-ZIP **PALM BEACH FL 33480**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **Vesna Oelsner, PRESIDENT (VESNA OELSNER)** **7/17/99** **561-835-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0075937