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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90053 033 \*\*\*150.00

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000036072

CITY-ST-ZIP

SIGNATURE:

THE O'BRIEN CORPORATION

			100										
Principal Place	of Business	Ма	iling Address					11337	116 16161 16111 26111		•••••	,,,,,,,	
221 GULL DRIVE SOUTH			221 GULL DRIVE SOUTH										
DAYTONA BEACH FL 32119			DAYTONA BEACH FL 32119					DO NOT WRITE IN THIS SPACE					
								3. Date Incorpo					
								04/20/199	-				
2 Principal Pl	tace of Business	2a.	Mailing Address					4 FEI Number				- I A	pplied For
21	acco of Edulinous	26						59-	35076	78		N	ot Applicable
Suite, Apt.	# etc.	1201	Suite, Apt. #, etc.						.=			\$8.75	Additional
22		27						5. Certifcate of	Status Desired			Fee R	equired
City & State	e	1-:-	City & State	- 1 - 1				6. Election Car	npaign Financir	g		\$5.00	May Be
23		28						Trust Fund (		LJ		Added	to Fees
Zip	Country		Zip	Co	untry	/		8. This corpora	ition owes the c	urrent ye	ar Intan	gible	
24	25	29		30				Personal Pro	operty Tax.			] Yes	□No
<del>  </del>	9. Name and Address of Curren	t Regis	tered Agent					10. Name and	Address of New	w Regist	ered Ag	jent	
					81	N	ame						
	RIEN, DANIEL M				82	5	treet Addr	ress (P.O. Box Num	ber is Not Acce	otable)			
	GULL DRIVE SOUTH					Ϊ ັ				,			
DAY	TONA BEACH FL 32119				83	1							
					84	٠,	·ia.					<b>85</b> Zip	Code
-					64		ity				FL	65 Zip	Couc
11. Pursuant	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statu	ites, the	above	e-na	med corp	oration submits this	statement for t	he purpo	se of ct	anging its	s registered
office or r	egistered agent or both in the State	of Florid	a Such change was	authorize	ed by			on's board of directo	ors. I hereby ac		annointi	nent as r	egisterea
onice or i	m familiar with and accept the obliga	tions of	Section 607 0505 FI	orida Sta	tutes	tne t	corporation	DIT'S DOGICO OF GITOGO	,	cept the t			·
agent. I a	m familiar with, and accept the obliga	tions of,	Section 607.0505, FI	orida Sta	tutes	tne t	corporation	on a bound of all out		оврі ше і			
agent. I a	m familiar with, and accept the obligation of th	tions of,	Section 607.0505, FI	orida Sta	itutes	tne s.		d when reinstating)		DA	TE		
agent. I a	m familiar with, and accept the obliga	tions of,	Section 607.0505, FI	orida Sta	d Agen	tne s.		d when reinstating)	CHANGES TO	DA	TE RS AND	DIRECT	ORS IN 12
agent. I a SIGNATURE	m familiar with, and accept the obligation of support o	tions of,	Section 607.0505, FI	E: Registere	d Agen	tne s.		d when reinstating)		DA	TE RS AND		
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of th	tions of,	Section 607.0505, Fit applicable. (NOT CTORS	TE: Registere	d Agen	tne s.		d when reinstating)		DA	TE RS AND	DIRECT	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME	m familiar with, and accept the obligation of th	tions of,	Section 607.0505, Fit applicable. (NOT CTORS	E: Registere  13 1.11	ed Agen	r the s.	nature require	d when reinstating)		DA	TE RS AND	DIRECT	ORS IN 12
agent, I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH	tions of,	Section 607.0505, Fit applicable. (NOT CTORS	E: Registere  13 1.11 1.21	ed Agen	r the s. int sign	nature require	d when reinstating)		DA	TE RS AND	DIRECT	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, Fit applicable. (NOT CTORS	E: Registere  13 1.11 1.21 1.33 1.40	ed Agen . IITLE NAME	r the s. int sign	nature require	d when reinstating)		DA	TE RS AND	DIRECT	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE	TE: Registere  13 1.11 1.21 1.33 1.40 2.11	ed Agen  TITLE  NAME  STREET	ont sign	nature require	d when reinstating)		DA	TE RS AND	DIRECTO	ORS IN 12  Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE	E: Registere  13 1.11 1.21 1.33 1.40 2.11 2.21	Ad Agen  TITLE  NAME  STREET  CITY-S'	or tine s.  Int sign ET ADI	DRESS	d when reinstating)		DA	TE RS AND	DIRECTO	ORS IN 12  Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE	(E: Registere 13 1.1.1 1.2.1 1.3.3 1.4.4 2.1.1 2.2.1 2.3.3 1.4.4 2.3.3 1.4.2 2.3 1.4.2 2.3 1.4 2.3 1.4.2 2.3 1.4 2.3 1.4 2.3 1	A Agen  TITLE  VAME  STREET  TITLE  NAME  STREET	TADD	DRESS DRESS	d when reinstating)		DA	TE RS AND	DIRECTO	ORS IN 12  Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE	E: Registere 13 1.11 1.21 1.33 1.44 2.11 2.21 2.34 2.4	Ad Agen  TITLE  NAME  STREET  CITY-S'  TITLE	TADD	DRESS DRESS	d when reinstating)		DA	TE RS AND	DIRECTO	ORS IN 12  Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE - TITLE	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE	TE: Registere   13	Ad Agenticated Age	TADDET ADDET	DRESS DRESS	d when reinstating)		DA	TE RS AND	DIRECTO ☐ Change	ORS IN 12 Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE	TE: Registere 13 1.11 1.21 1.33 1.44 2.11 2.21 2.33 2.4 3.11 3.21	Agen  AME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE	The state of the s	DRESS DORESS P	d when reinstating)		DA	TE RS AND	DIRECTO ☐ Change	ORS IN 12 Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS	m familiar with, and accept the obligation of Fricers and D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE	TE: Registere  13 1.11 1.27 1.33 1.40 2.11 2.21 2.33 2.4 3.11 3.21 3.33	AND THE STREET NAME  STREET NAME  NAME  STREET NAME  NAME  STREET NAME  NAME  NAME	T ADD	DRESS DORESS DORESS	d when reinstating)		DA	TE RS AND	DIRECTO ☐ Change	ORS IN 12 Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE	TE: Registere  13 1.11 1.21 1.33 1.40 2.11 2.21 2.33 2.4 3.11 3.21 3.34	AND AGE OF THE AGE OF THE AND AGE OF THE AGE O	T ADD	DRESS DORESS DORESS	d when reinstating)		DA	RS AND	DIRECTO ☐ Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE: NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE: NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE  DELETE	13 1.1.1 1.2.1 1.3.3 1.4.0 2.1.7 2.2.1 2.3.3 2.4 3.1.1 3.2.1 3.3.3 3.4.4.1	AND THE STREET OF THE STREET O	or the sign of the	DRESS DORESS DORESS	d when reinstating)		DA	RS AND	DIRECT Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE  DELETE	13	ANAME  TITLE  NAME  STREET  CITY-S  TITLE  NAME  CITY-S  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME	ont sign  et add  et a	DRESS DORESS P	d when reinstating)		DA	RS AND	DIRECT Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE  DELETE	13	ANAME  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET	TINE TADI TADI TADI TADI TADI TADI TADI TADI	DRESS DRESS P DRESS P DRESS	d when reinstating)		DA	RS AND	DIRECT Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE  DELETE	13	ANAME  TITLE  NAME  STREET  CITY-S  TITLE  NAME  CITY-S  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME	TINE S.  ET ADI ET ADI ET ADI ET ADI ST-ZI ET ADI ST-ZI ET ADI ST-ZI ET ADI	DRESS DRESS P DRESS P DRESS	d when reinstating)		DA	RS AND	DIRECT Change	ORS IN 12 Addition Addition
Agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI  rapplicable. (NOT  CTORS  DELETE  DELETE	13	AND THE STREET CITY-S TITLE  NAME STREET CITY-S TITLE	TINE S.  ET ADI ET ADI ET ADI ET ADI ET ADI ST-ZI ET ADI ST-ZI ET ADI	DRESS DRESS P DRESS P DRESS	d when reinstating)		DA	RS AND	DIRECT Change Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI  rapplicable. (NOT  CTORS  DELETE  DELETE	13	AND THE STREET CITY-S TITLE  NAME STREET CITY-S TITLE	THE S.  THE STADE	DRESS DORESS P DORESS P DORESS	d when reinstating)		DA	RS AND	DIRECT Change Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI  rapplicable. (NOT  CTORS  DELETE  DELETE	13	AND AGENTALE NAME  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME	or the sign and sign	DRESS DORESS P DORESS P DORESS DORESS DORESS	d when reinstating)		DA	RS AND	DIRECT Change Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI  rapplicable. (NOT  CTORS  DELETE  DELETE	13	AND AGENTALE NAME  STREET  NAME  STREET  CITY-S  TITLE  NAME  STREET  NAME  STREET  NAME  STREET  NAME  STREET  NAME  STREET  NAME  STREET  STITLE  NAME  STREET  STRE	TINE S.  THE STADE ST-ZIF  THE TADE ST-Z	DRESS DORESS P DORESS P DORESS DORESS DORESS	d when reinstating)		DA	RS AND	DIRECT Change Change	ORS IN 12 Addition Addition Addition
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN D O'BRIEN, DANIEL M 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119 D O'BRIEN, VIRGINIA D 221 GULL DRIVE SOUTH DAYTONA BEACH FL 32119	tions of,	Section 607.0505, FI f applicable. (NOT CTORS DELETE  DELETE  DELETE  DELETE	13	AND AGENTALE NAME  STREET  CITY-S  TITLE  NAME	THE S.  THE STADE  THE TADE  THE TAD	DRESS DORESS P DORESS P DORESS DORESS DORESS	d when reinstating)		DA	RS AND	DIRECTORY Change Change Change	ORS IN 12 Addition Addition Addition

6.4 CITY-ST-ZIP

14. 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.