

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S06531** (5)

1. Corporation Name
OLGA ENTERPRISES, INC.



Principal Place of Business
**6555 ESTERO BLVD.
FT. MYERS BEACH FL 33931**

Mailing Address
**6555 ESTERO BLVD.
FT. MYERS BEACH FL 33931**

3. Date Incorporated or Qualified 10/17/1990	3a. Date of Last Report 03/06/1995
4. FEI Number 65-0231900	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**WAGNER, ERNST S.
6555 ESTERO BLVD.
FT. MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 of Registered Agent or Director (Type or Print Name)

DATE: Registered Agent signature required when first filing

DATE:

12. OFFICERS AND DIRECTORS	
1. TITLE	☐ DELETE
2. NAME	DPS WAGNER, DONNA
3. STREET ADDRESS	6555 ESTERO BLVD.
4. CITY-STATE-ZIP	FT. MYERS BEACH FL
1. TITLE	☐ DELETE
2. NAME	DV WAGNER, ERNST S
3. STREET ADDRESS	6555 ESTERO BLVD.
4. CITY-STATE-ZIP	FT MYERS BEACH FL
1. TITLE	☐ DELETE
2. NAME	T HILL, JOAN
3. STREET ADDRESS	6555 ESTERO BLVD.
4. CITY-STATE-ZIP	FT MYERS BEACH FL
1. TITLE	☐ DELETE
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
1. TITLE	☐ DELETE
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Donna Wagner* **DONNA WAGNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan-18, 1996 **463-6049**

DATE

Daytime Phone #

CR2E034 (12/95)