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FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S36115 (1)

1. Corporation Name
OLYMPIA FOILS, INC.

Principal Place of Business
1987 CORPORATE SQUARE DR
STE 149
LONGWOOD FL 32750
US

Mailing Address
1987 CORPORATE SQUARE DR
STE 149
LONGWOOD FL 32750
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1991		3a. Date of Last Report 04/30/1996	
21		26		4. FEI Number 59-3052694		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		Zip		Country	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

EVANS, DAVID L.
225 E ROBINSON ST.
SUITE 600
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name PHILLIPS, JULIAN
82 Street Address (P.O. Box Number is Not Acceptable)
1987 CORPORATE SQUARE DR# 149
83
84 City LONGWOOD FL 85 Zip Code 32750

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

Julian Phillips

JULIAN PHILLIPS, Exec. V.P.

4-18-97

Signature type and title of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOULD, DENNIS	
STREET ADDRESS	1987 CORPORATE SQUARE DR 149	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PHILLIPS, JULIAN	
STREET ADDRESS	1987 CORPORATE SQUARE DR., SUITE 149	
CITY - ST - ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

Julian Phillips
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exec. V.P.

4-18-97

407 260 0844

Date

Daytime Phone #

CR2E034 (9/96)