

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

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| PROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # S44756 (2)

1. Corporation Name
C E ODELL & ASSOCIATES INC



| | |
|---|---|
| Principal Place of Business 8401 NINTH STREET, NORTH SUITE A ST. PETERSBURG FL 33702 US | Mailing Address 8401 NINTH STREET, NORTH SUITE A ST. PETERSBURG FL 33702 US |
|---|---|

| | | |
|---|--|--|
| 2. Principal Place of Business 21 5907 54 AVE, NORTH Suite, Apt. #, etc 22 SUITE A City & State 23 ST. PETERSBURG, FL Zip 24 33709 | 2a. Mailing Address 26 5907 54 AVE, NORTH Suite, Apt. #, etc 27 SUITE A City & State 28 ST. PETERSBURG, FL Zip 29 33709 | Country 25 PINELLAS Country 30 PINELLAS |
|---|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/10/1991 | 3a. Date of Last Report 04/24/1995 |
| 4. FEI Number 59-3059293 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**ODELL, CARLOS E.
8401 9TH STREET, NORTH
SUITE A
ST PETERSBURG, 33702**

10. Name and Address of New Registered Agent

81 Name **ODELL, CARLOS E.**
82 Street Address (P.O. Box Number is Not Acceptable)
5907 54 AVE. NORTH
83 **SUITE A**
84 City **ST. PETERSBURG, FL** 85 Zip Code **33709**

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: 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 | <input type="checkbox"/> DELETE |
| NAME | ODELL, CARLOS E. | |
| STREET ADDRESS | 8401-A NINTH STREET, NORTH | |
| CITY-ST-ZIP | ST. PETERSBURG 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 | ODELL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ODELL, CARLOS E. | |
| 1.3 STREET ADDRESS | 5907 54 AVE. NORTH | |
| 1.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33709 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | | |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | | |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | | |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | | |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | | |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carlos E. Odell* Date: **7/13/96** Daytime Phone #: **(813) 546-9111**

CR2E034 (3/96)