

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S49097** (6)

1. Corporation Name

O. & P. ASSOCIATES OF CHARLOTTE COUNTY, INC.



2. Principal Place of Business

21216 OLEAN BLVD.
CENTRAL PLAZA WEST, UNIT 1
PORT CHARLOTTE FL 33952

2a. Mailing Address

21216 OLEAN BLVD.
CENTRAL PLAZA WEST, UNIT 1
PORT CHARLOTTE FL 33952

2. Principal Place of Business

21 State Applicant

22 City & County

23 Zip Country

24

2a. Mailing Address

26 State Applicant

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

KAKLIS, V. WILLIAM
1400 4TH AVE. WEST
BRADENTON FL 34205

3. Date Incorporated for Qualifier
05/01/1991

3a. Date of Last Report
01/19/1995

4. FEI Number
65-0273260

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 609.01(2)(a) and 609.15(6), Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office address. This request is being filed 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 acting without and against the best interest of the Florida Statutes.

12. OFFICERS AND DIRECTORS

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MARGE, WAYNE A., SR. 21216 OLEAN BLVD. PT. CHARLOTTE FL	
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MARGE, WAYNE A., SR. 21216 OLEAN BLVD. PT. CHARLOTTE FL	
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. PHONE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
9. NAME	
10. STREET ADDRESS	
11. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
12. NAME	
13. STREET ADDRESS	
14. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
15. NAME	
16. STREET ADDRESS	
17. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add New

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*****200.00**

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(c), Florida Statutes. I further certify that the information reported on this document is a supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered business corporation required to file this report as required by Chapter 609, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I will be available to meet with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/96 1941 6299689

CR2E034 (12/95)