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 # **S49097** **(6)**

1. Corporate Name

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

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified: **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 unlanded tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

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

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 Section 607.1005 and/or 617.1905, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

DPS
MARGE, WAYNE A., SR.
21216 OLEAN BLVD.
PT. CHARLOTTE FL
T
MARGE, WAYNE A., SR.
21216 OLEAN BLVD.
PT. CHARLOTTE FL

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Add

600001724996
-02/27/96--01051--026
***200.00

CR2E034 (12/95)

14. I hereby certify that the information supplied on this report is accurate, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct 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 with my title or addition, if applicable, or that I have added my name and address.

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

2/21/96

1941 629 9689