

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90246 014 \*\*\*150.00

0446421

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S49097

1. Corporation Name  
O. & P. ASSOCIATES OF CHARLOTTE COUNTY, INC.

Principal Place of Business  
21216 OLEAN BLVD.  
CENTRAL PLAZA WEST. UNIT 5  
PORT CHARLOTTE FL 33952

Mailing Address  
21216 OLEAN BLVD.  
CENTRAL PLAZA WEST. UNIT 5  
PORT CHARLOTTE FL 33952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
23 City & State  
24 Zip 25 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip 29 Country

3. Date Incorporated or Qualified  
05/01/1991

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 owes the current year Intangible Personal Property Tax.  Yes  No

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 DANIEL K. DROWNE  
82 Street Address (P.O. Box Number is Not Acceptable)  
21216 OLEAN BLVD UNIT 1  
83  
84 City PORT CHARLOTTE FL 85 Zip Code 33952

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]* 1-15-99  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	MARGE, WAYNE A., SR.	
STREET ADDRESS	21216 OLEAN BLVD.	
CITY-ST-ZIP	PT. CHARLOTTE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARGE, WAYNE A., SR.	
STREET ADDRESS	21216 OLEAN BLVD.	
CITY-ST-ZIP	PT. CHARLOTTE 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	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DANIEL K. DROWNE	
1.3 STREET ADDRESS	21216 OLEAN BLVD UNIT 1	
1.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33952	
2.1 TITLE	V. PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWARD E. PALMISTE	
2.3 STREET ADDRESS	21216 OLEAN BLVD. UNIT 1	
2.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33952	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* 1/15/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)