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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 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 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 | <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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | V. PROS 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)