FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **S78551** **(6)**

1. Corporate Name
OLISCHAR ENTERPRISES, INC.

Principal Place of Business
20837 DEL LUNA DRIVE
BOCA RATON FL 33433

Mailing Address
20837 DEL LUNA DRIVE
BOCA RATON FL 33433

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **08/30/1991**
3a. Date of Last Report: **03/02/1994**

2. Principal Place of Business
21
Suite, Apt. # or Bldg.
22
City & State
23
ZIP
24
County
25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City & State
28
ZIP
29
County
30

4. FEI Number: **65-0298456** ☐ 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. Does corporation have liability for intangible tax under S. 199.032 Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OLISCHAR, HEINRICH
20837 DEL LUNA DRIVE
BOCA RATON FL 33433

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 [illegible] 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. The changes are 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 [illegible] Florida Statutes.

SIGNATURE

12. OFFICER AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12.	
Title	STD	Title	☐ Change ☐ Addition
Name	OLISCHAR, NIKOLAUS	Name	
Street Address	20837 DEL LUNA DR	Street Address	
City-State-Zip	BOCA RATON FL	City-State-Zip	
Title	PD	Title	☐ Change ☐ Addition
Name	OLISCHAR, HEINRICH	Name	
Street Address	20837 DEL LUNA DR	Street Address	
City-State-Zip	BOCA RATON FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I/We hereby certify that the information supplied with this filing is accurate and that such information complies with the requirements of Section 119.07(5)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 the name appears in Block 1 or Block 12 if changed, or added, above with an address.

SIGNATURE: J. Olischar HEINRICH OLISCHAR 05/17/95 (407)852-7503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260722 CP