

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

195 MAY -1 1: 8: 55

DOCUMENT # S92003

(0)

1. Corporation Name

OPTITEMPS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15842 STONETOWER ST.
DAVIE FL 33331
US

Mailing Address

15842 STONETOWER ST.
DAVIE FL 33331
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
11/04/1991

3a. Date of Last Report
02/03/1994

4. FEI Number
65-0301176

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. These corporations that include the information the Florida Statutes
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23

27 City & State

28

24 Country

25

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, JAY A.
2801 UNIVERSITY DR
STE 205
CORAL SPRINGS FL 33065

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 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 of person in printed name of registered agent (Section 607.0505, Florida Statutes)

Signature of person in printed name of registered agent (Section 607.0505, Florida Statutes)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

PD
SCHWARTZ, JACKIE
20355 NE 35 CT #1626
AVENTURA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

VD
KLEIN, JOY
15842 STONETOWER ST.
DAVIE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST., ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST., ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST., ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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. I am an officer or director of the corporation or the receiver or trustee empowered to prepare 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.

SIGNATURE:

Signature of person in printed name of signing officer or director

Joy Klein V.P.

4/28/95

(305) 680-7707