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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90066 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V24137

1. Corporation Name
OLYMPUS HOLDINGS, INC.

Principal Place of Business

1 SOUTH POINTE DRIVE
MIAMI BEACH FL 33139

Mailing Address

1 SOUTH POINTE DRIVE
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1992

4. FEI Number

65-0321326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **404 WASHINGTON AVE.**

2a. Mailing Address

26 **404 WASHINGTON AVE.**

Suite, Apt. #, etc.

22 **120**

Suite, Apt. #, etc.

27 **120**

City & State

23 **MIAMI BEACH, FL**

City & State

28 **MIAMI BEACH, FL**

Zip

24 **33139**

Country

25 **DADE**

Zip

29 **33139**

Country

30 **DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~THREATT, ROBERT R~~
~~1 SOUTH POINTE DRIVE~~
~~MIAMI BEACH FL 33139~~

81 Name **BRIAN A. HART**
THOMSON, MURARO, RAZOOK & HART, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

ONE SOUTHEAST THIRD AVENUE

83

84

City

MIAMI

FL

85

Zip Code

33131

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]

BRIAN A. HART

4/29/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **KRAMER, THOMAS**
STREET ADDRESS **1 SOUTH POINTE DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **404 WASHINGTON AVE., SUITE 120**
1.3 STREET ADDRESS **MIAMI BEACH, FL 33139**
1.4 CITY-ST-ZIP

TITLE **VPS** ☐ DELETE
NAME **NEE, M.**
STREET ADDRESS **1 SOUTH POINTE DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **404 WASHINGTON AVE., SUITE 120**
2.3 STREET ADDRESS **MIAMI BEACH, FL 33139**
2.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE
NAME **HANAU, H**
STREET ADDRESS **1 SOUTH POINTE DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **S**
5.3 STREET ADDRESS **CATHY COLONNESE**
5.4 CITY-ST-ZIP **404 WASHINGTON AVE., SUITE 120**
MIAMI BEACH, FL 33139

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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] **CATHY COLONNESE**

4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)