FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 PM 3:40

DOCUMENT # V59161 (2)

1. Corporation Name
OPS, INC.

Principal Place of Business	Mailing Address
~~4615 W NORTH A STREET~~ ~~TAMPA FL 33609~~	~~4615 W NORTH A STREET~~ ~~TAMPA FL 33609~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/19/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21: 844 MAIN ST	26: 844 MAIN ST.
Suite, Apt. #, etc. 22: 204	Suite, Apt. #, etc. 27: 204
City & State 23: LOUISVILLE, CO	City & State 28: LOUISVILLE CO
Zip 24: 80027 Country 25:	Zip 29: 80027 Country 30:

4. FEI Number: 65-0362994 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired NO ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution NO ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLER, MARK E
RUDNICK & WOLFE
101 E KENNEDY BLVD SUITE 2000
TAMPA FL 33602

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
(Signature, typed or printed name of registered agent and title if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	ATHANS, DEMETRIOS N	1.2 NAME	ATHANS, DEMETRIOS N
STREET ADDRESS	4615 W NORTH A ST	1.3 STREET ADDRESS	844 MAIN ST. SUITE 204
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	LOUISVILLE CO 80027
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	NICKITAS, IRENE	2.2 NAME	ATHANS, IRENE
STREET ADDRESS	~~4615 W NORTH~~ A ST	2.3 STREET ADDRESS	4520 NORTH B ST.
CITY-ST-ZIP	~~TAMPA FL~~	2.4 CITY-ST-ZIP	TAMPA, FL 33609
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Demetrios N. Athans 2-11-95 303 661 0407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Demetrios N. Athans

0203602 CP