

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001232

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90074 013 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V63874**

1. Corporation Name  
**OXY + PLUS OF ORLANDO, INC.**

Principal Place of Business  
285 W CENTRAL PKWY  
STE 1730  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address  
5300 OAKBROOK PKWY #220  
NORCROSS GA 30093  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/15/1992</b>	4. FEI Number <b>58-3145753</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>5300 Oakbrook Pkwy</b> Suite, Apt. #, etc. 22 <b>Suite 220</b> City & State 23 <b>Norcross GA</b> Zip 24 <b>30093</b> Country 25 <b>USA</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent <b>ELROD, MIKE</b> <b>403 SAN SEBASTIAN PRADO</b> <b>ALTAMONTE SPRINGS FL 32714</b>	10. Name and Address of New Registered Agent 81 Name <b>William E Ruffier</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>108 E Central Blvd.</b> 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32802</b>
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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 William E. Ruffier William E. Ruffier 4/29/99  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELROD, RUFUS JORDAN JR</b>	1.2 NAME	
STREET ADDRESS	<b>5300 OAKBROOK PKWY, STE 220</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORCROSS GA</b>	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELROD, WILLIAM STEPHEN</b>	2.2 NAME	
STREET ADDRESS	<b>5300 OAKBROOK PKWY, STE 220</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORCROSS GA</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELROD, MIKE</b>	3.2 NAME	
STREET ADDRESS	<b>285 W CENTRAL PKWY, STE 1730</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William E. Ruffier **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 770 806-8000  
Date Daytime Phone #

CR2E034 (11/98)