

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

Amended

FILED

Jul 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #401920

1. Corporation Name
O. R. COLAN ASSOCIATES, INC.

Principal Place of Business 1500 Cordova Rd., Ste 210 Ft. Lauderdale, FL 33316-2113	Mailing Address 1500 Cordova Rd., Ste 210 Ft. Lauderdale, FL 33316-2190
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Amended

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/25/1972	3a. Date of Last Report 01/28/97	4. FEI Number 59-1397236	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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent LaMonica, Frances K. 1140 N.E. 204th St. N. Miami Bch., FL 33179	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD ☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	Colan Muth, Catherine	1.2 NAME	Merryman, Robert N
STREET ADDRESS	1105 S. Groveland	1.3 STREET ADDRESS	31 Topping Lane
CITY-ST-ZIP	Bluefield, WV 24701	1.4 CITY-ST-ZIP	St. Louis, Missouri 63131
TITLE	STD ☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME	LaMonica, Frances K.	2.2 NAME	Ammar, Karen
STREET ADDRESS	1140 N.E. 204 Street	2.3 STREET ADDRESS	4201 N. Ocean Dr., Apt 206
CITY-ST-ZIP	N Miami Beach, FL 33179	2.4 CITY-ST-ZIP	Hollywood, FL 33019
TITLE	V ☐ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	Basila, Richard M	3.2 NAME	Armstrong Allen A.
STREET ADDRESS	527 S.W. 27th Rd.	3.3 STREET ADDRESS	Rt. 1, Box 342A
CITY-ST-ZIP	Miami, FL 33129	3.4 CITY-ST-ZIP	Goode, VA 24556
TITLE	☐ DELETE	4.1 TITLE	V ☐ Change ☒ Addition
NAME		4.2 NAME	Neeley, Verna Ann
STREET ADDRESS		4.3 STREET ADDRESS	4505 Federal Hill Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orangethorpe, FL 32073
TITLE	☐ DELETE	5.1 TITLE	V ☐ Change ☐ Addition
NAME		5.2 NAME	Pluta, Theodore
STREET ADDRESS		5.3 STREET ADDRESS	650 Bella Vista Court S
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	☐ DELETE	6.1 TITLE	
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 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: Catherine Colan Muth 7/15/97 (954) 763-5700

CR2E034 (9/96)