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FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 401920

(4)

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 33316-2113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1972

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1397236

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMONICA FRANCES K.
1140 N.E. 204 ST.
N. MIAMI BCH., FL 33179

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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME COLAN MUTH, CATHERINE

STREET ADDRESS 1105 S. GROVELAND

CITY-ST-ZIP BLUEFIELD WV 24701

TITLE STD ☐ DELETE

NAME FRANCES K. LAMONICA

STREET ADDRESS 1140 N.E. 204TH STREET

CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE V ☐ DELETE

NAME BASILA, RICHARD M

STREET ADDRESS 527 S.W. 27TH RD.

CITY-ST-ZIP MIAMI FL 3312-9

TITLE D ☐ DELETE

NAME MERRYMAN, ROBERT N

STREET ADDRESS 31 TOPPING LANE

CITY-ST-ZIP ST. LOUIS MO 63131

TITLE V ☐ DELETE

NAME AMMAR, KAREN

STREET ADDRESS 4201 N. OCEAN DR., APT. 206

CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE V ☐ DELETE

NAME ARMSTRONG, ALLEN A

STREET ADDRESS RT. 1, BOX 342A

CITY-ST-ZIP GOODE VA 24556

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4201 North Ocean Dr, Apt 206
Hollywood, FL 33179

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

Frances K. Lamonica
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-98

(954) 763-5700

Date

Daytime Phone

0286743

CR2E034 (10/97)