

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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 33316-2113**

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90020 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1972

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **CATHERINE COLAN MUTH**
82 Street Address (P.O. Box Number is Not Acceptable)
4201 N. OCEAN DR., UNIT 206
83 **HOLLYWOOD, FL 33019**
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

Catherine Colan Muth

4-14-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **CPD**
NAME **COLAN MUTH, CATHERINE**
STREET ADDRESS **4201 NORTH OCEAN DR, APT 206**
CITY-ST-ZIP **HOLLYWOOD FL 33179**

TITLE **STD**
NAME **FRANCES K. LAMONICA**
STREET ADDRESS **1140 N.E. 204TH STREET**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **V**
NAME **BASILA, RICHARD M**
STREET ADDRESS **527 S.W. 27TH RD.**
CITY-ST-ZIP **MIAMI FL 3312-9**

TITLE **D**
NAME **MERRYMAN, ROBERT N**
STREET ADDRESS **31 TOPPING LANE**
CITY-ST-ZIP **ST. LOUIS MO 63131**

TITLE **V**
NAME **AMMAR, KAREN**
STREET ADDRESS **4201 N. OCEAN DR., APT. 206**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **V**
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 **V** ☐ Change ☒ Addition
1.2 NAME **VERNA ANN NEELEY**
1.3 STREET ADDRESS **351 Willow Green Drive**
1.4 CITY-ST-ZIP **Orange Park FL 32073**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **THEODORE PLUTA**
2.3 STREET ADDRESS **650 Bella Vista Court South**
2.4 CITY-ST-ZIP **Jupiter, FL 33477**

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

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

5.1 TITLE **DV** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

Catherine Colan Muth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

954-763-5700

Daytime Phone #

CR2E034 (1/1/98)