

3/30/98 B-3911-NC

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852035 (5)
1. Corporation Name
ODELL ASSOCIATES INC.



Principal Place of Business 129 W. TRADE STREET CHARLOTTE NC 28202	Mailing Address 129 W. TRADE STREET CHARLOTTE NC 28202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1982	
21	22	26	27	4. FEI Number 56-0952726	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	29	30
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
FL					

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	CEO	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOK, BENJAMIN T		1.2 NAME		
STREET ADDRESS	101 HERMITAGE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, ROY W		2.2 NAME		
STREET ADDRESS	3741 LARKSTON DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLESTON NC		2.4 CITY-ST-ZIP		
TITLE	VPST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAIGH, DONALD D		3.2 NAME		
STREET ADDRESS	6738 WYNFARE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		3.4 CITY-ST-ZIP		
TITLE	VPST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLELLAN, WILLIAM C		4.2 NAME		
STREET ADDRESS	2542 FOREST DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		4.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, ROBERT G		5.2 NAME		
STREET ADDRESS	12330 FRAMAR DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLOTHIAN VA		5.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLENBACH, MARK A.		6.2 NAME		
STREET ADDRESS	7033 ERIN CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		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: *Mark A Hollenbach* MARK A Hollenbach 3/20/98 704-377-5911

CR2E034 (10/97)