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**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J39266 (8)
1. Corporation Name
O. I. MANAGEMENT, INC.



Principal Place of Business
**300 OAK STR
STE B
ST SIMONS ISLD GA 31522
US**

Mailing Address
**PO BOX 21870
ST SIMONS ISLD GA 31522-0970
US**

3. Date Incorporated or Qualified **10/24/1986** 3a. Date of Last Report **02/16/1996**
4. FEI Number **59-2743368** 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

2. Principal Place of Business 2a. Mailing Address
21 **613-B BEACHVIEW DRIVE** 26 **P.O. BOX 20287**
Suite, Apt. # etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **ST. SIMONS ISLAND, GA** 28 **ST. SIMONS ISLAND, GA**
Zip Country Zip Country
24 **31522** 25 **USA** 29 **31522** 30 **USA**

9. Name and Address of Current Registered Agent
**ZELL, ROYALD A.
3434 SW COLLEGE ROAD
OCALA FL 32874**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
13806 CYPRESS VILLAGE CIRCLE
83
84 City **TAMPA** 85 Zip Code **FL 33624**

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		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZELL, ROYALD A.	
STREET ADDRESS	3434 SW COLLEGE ROAD	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZELL, DALE L.	
STREET ADDRESS	3434 SW COLLEGE ROAD	
CITY - ST - ZIP	OCALA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ZELL, HAROLD E.	
STREET ADDRESS	101 WORTHING STR	
CITY - ST - ZIP	ST SIMONS ISLD GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZELL, LUCY D.	
STREET ADDRESS	101 WORTHING STR	
CITY - ST - ZIP	ST SIMONS ISLD GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	13806 CYPRESS VILLAGE CIRCLE	
1.4 CITY - ST - ZIP	TAMPA, FL 33624	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	13806 CYPRESS VILLAGE CIRCLE	
2.4 CITY - ST - ZIP	TAMPA, FL 33624	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, unchanged, or on an attachment with an address.

SIGNATURE: *Harold Zell* **REQUIRED** Date: **2/17/97** Daytime Phone #: **(912)638 3449**

CR2E034 (9/96)