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FILED

**May 19 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 # L60684 (2)

1. Corporation Name
OA ASSOCIATES, INC.



Principal Place of Business: **% GEORGE T. ELMORE 2350 S. CONGRESS AVE. DELRAY BEACH FL 33445**
Mailing Address: **% GEORGE T. ELMORE 2350 S. CONGRESS AVE. DELRAY BEACH FL 33445-7311**

3. Date Incorporated or Qualified: **03/22/1990** 3a. Date of Last Report: **04/16/1996**
4. FEI Number: **65-0178760** 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: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country
2a. Mailing Address: **25** Suite, Apt. #, etc. **26** City & State **27** Zip **28** Country

9. Name and Address of Current Registered Agent
**ELMORE, GEORGE T.
2350 S. CONGRESS AVENUE
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ELMORE, GEORGE T.	
STREET ADDRESS	2350 S. CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NUTBROWN, JOHN W.	
STREET ADDRESS	2350 S. CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHAW, JAMES S.	
STREET ADDRESS	2350 S. CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GORDON, DOUGLAS G.	
STREET ADDRESS	2350 S. CONGRESS AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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: *George T. Elmore* **4-30-97 (561) 278-0458**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)