

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAR -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **355017** (5)

1. Corporation Name
OCRAM INC

Principal Place of Business
**200 OCEAN LANE DR.
UNIT 902
KEY BISCAIYNE FL 33149**

Mailing Address
**200 OCEAN LANE DR.
UNIT 902
KEY BISCAIYNE FL 33149**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/06/1969** 3a. Date of Last Report **08/15/1994**

4. FEI Number **59-1274348** 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 2b. Mailing Address
21 **8592 ROSWELL ROAD** 26 **8592 ROSWELL ROAD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **APT 537** 27 **APT 537**
City & State City & State
23 **ATLANTA GA** 28 **ATLANTA GA**
Zip Country Zip Country
24 **30350** 25 Country 29 **30350** 30 Country

9. Name and Address of Current Registered Agent
**ELWOOD, ELIZABETH
200 OCEAN LANE DR #902
KEY BISCAIYNE FL 33149**

10. Name and Address of New Registered Agent
81 Name **George H. DeCarion**
82 Street Address (P.O. Box Number is Not Acceptable) **12601 SW 67th Ct.**
83 **12601 SW 67th Ct.**
84 City, State, Zip **Miami, FL 33156**

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 *George H. DeCarion 2/24/95* (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELWOOD, ELIZABETH
STREET ADDRESS	200 OCEAN LANE DR., UNIT 902
CITY - ST - ZIP	KEY BISCAIYNE FL 33149
TITLE	VSD
NAME	BYRD, LYNN
STREET ADDRESS	200 OCEAN LANE DR., UNIT 902
CITY - ST - ZIP	KEY BISCAIYNE FL 33149
TITLE	VDAS
NAME	KING, LINDA L
STREET ADDRESS	177 PLANTATION TRACE
CITY - ST - ZIP	WOODSTOCK GA 30180
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	8592 ROSWELL ROAD APT 537
14 CITY - ST - ZIP	ATLANTA GA 30350
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	200 OCEAN LANE DR UNIT 902
24 CITY - ST - ZIP	KEY BISCAIYNE FL 33149
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 the 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: *Elizabeth Elwood*
SIGNATURE AND TYPED OR PRINTED NAME OF LEADING OFFICER OR DIRECTOR

12/2/95 *(607) 643-9699*