

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **355017** (5)
1. Corporation Name
OCRAM INC



Principal Place of Business: **8592 ROSWELL ROAD APT 357 ATLANTA GA 30350 US**
Mailing Address: **8592 ROSWELL ROAD APT 537 ATLANTA GA 30350 US**

3. Date Incorporated or Qualified: **11/06/1969**
3a. Date of Last Report: **03/01/1995**

21	2. Principal Place of Business	22	Suite, Apt. #, etc.	26	2a. Mailing Address	27	Suite, Apt. #, etc.	4.	FBI Number	Applied For	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	29	City & State	30	Country	59-1274348	Not Applicable	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DECARION, GEORGE H
12601 SW 67TH CT.
MIAMI FL 33156**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (Signature, typed or printed name of registered agent for all filers may please) (NOTE: Registered Agent Signature required when a new agent) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELWOOD, ELIZABETH	1.2 NAME	
STREET ADDRESS	8592 ROSWELL ROAD APT 537	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ATLANTA GA	1.4 CITY-STATE-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, LYNN	2.2 NAME	
STREET ADDRESS	200 OCEAN LANE DR UNIT 705	2.3 STREET ADDRESS	
CITY-STATE-ZIP	KEY BISCAYNE FL	2.4 CITY-STATE-ZIP	
TITLE	VDAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LINDA L	3.2 NAME	
STREET ADDRESS	3334 WOODBERRY TRAIL	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ROSWELL GA 30075	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>King, Linda L</i>	4.2 NAME	
STREET ADDRESS	<i>3334 Woodberry Trail</i>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<i>Roswell Ga 30075</i>	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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(3)(k), 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: *Elizabeth Elwood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/29/96* (199) *043-9699*
Date: _____ Duly Imprinted Phone # _____

CR2E034 (12/95)