NON CORP ANNUA	DR BEFORE 8/7/96: \$61.25 (IF DIS IPROFIT PORATION AL REPORT 996	FLORIDA DEPAR Sandra I Secreta DIVISION OF	RTMENT OF STATE B. Mortham ary of State CORPORATIONS)	
OCUV Corporation I	1ENT # 7018	76 (5)			
	nitarian universalis1 CH area, inc.	r society of the DA	YTON	 	
incipal Place	of Business	Mailing Address			I BIII BIIII BIIII BIIII BIIII BIIII BIIII IIIII
i6 n. Halifax Drimond Beac		56 N. HALIFAX DRIVE ORMOND BEACH FL 32	176		
				3. Date Incorporated or Qualified 01/04/1961	3a. Date of Last Report 02/22/1995
Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 59-1539383	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country 25	Zip 29	Country 30	8. This corporation has liability for in	intangible tax under s. 199.032, Yes 🔀 No
	9. Name and Address of Curr		81 Name	10. Name and Address of New Re	gistered Agent
			1841 Cft∨		85 Zip Code
AHIAA AT TA	aictored agent or both in the Sta	ste of Florida. Such change was	aumonized by the corboral	poration submits this statement for the pition's board of directors. I hereby accept	FL Urpose of changing its registered
office or re- agent. I am	o the provisions of Sections 617 0 gistered agent, or both, in the Sta h familiar with, and accept the ob-	ate of Florida. Such change was ligations of, Section 617.0503, F	ites, the above-named corp authorized by the corporal	uired when reinstating)	urpose of changing its registered the appointment as registered
office or reagent. I am	gistered agent, or both, in the Sta familiar with, and accept the ob- signature, typed or printed name of registered	ate of Florida. Such change was ligations of, Section 617.0503, F agent and title if applicable (No AND DIRECTORS	ites, the above-named corporal authorized by the corporal lorida Statutes. OTE: Registered Agent signalure required.	uired when reinstating) ADDITIONS/CHANGES TO OFFI	urpose of changing its registered in the appointment as registered OATE CERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone &

Dayline Phone &

Ocounty 11 or 12 or 13 or 14 or 15 or 15