## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## **FILED** Apr 15 1998 8:00am Secretary of State

•		1998		1111	DIVISION OF CORPORATIONS			ONS	Secretary of State
Į.	OCUN Corporation GROUP			70334 ANTS, INC.	(0)				
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Pr	incipal Place	of Busines	5		Mailing Address				( 15-suspension dentification of the state and a select a select all states and the selection of the selecti
	579 SOUTH		DRIVE		1579 SOUTH CROSS		E	term stores	Migrania (1. 1851 - 1887 - 1871 - 1881 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 - 1884 -
CASSELBERRY FL 32707 CAS					CASSELBERRY FL 3	CASSELBERRY FL 32707			DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
ł									02/28/1982
2. Principal Place of Business					2a. Mailing Address				4. FEI Number Applied For
21				26				<b>59-2195620</b> Not Applicable	
1	Suite, Apt.	uite, Apt. ≢, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22					27				Fee Required
l	City & State	9		City & State				Election Campaign Financing \$5.00 May Be	
23					28				Trust Fund Contribution Added to Fees
Ь	Zip		Countr	У	Zip	<b>⊢</b> —	ountry	<b>∀</b>	8. This corporation owes or has paid the current year Intengible
24	L		25	1 0	29 Registered Agent	30	<del>_</del> _		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
$\vdash$	14/4			res of Culterit A	Jedistelen ydeut		61	Name	TO, Maine and Address of New Neglistered Agent
WICHICK, YALE 1579 SOUTH CROSSBEAM DRIVE CASSELBERRY FL 32707							Ľ	INGINO	
							82	Street A	Address (P.O. Box Number is Not Acceptable)
CASSELDENRY PL 32/0/					83				
								ή	
l							84	City	FL 85 Zip Code
11	Pursuant t	to the provisi	ions of Sec	lions 607 0502 a	and 607 1508 Florida St	atutes the	abov	e-named o	corporation submits this statement for the number of changing its registered
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 recoffice 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
ı		m tamillar wi	in, and acc	cept the obligation	ons or, Section 607.0505	, Florida Sti	atute	S.	
SI	GNATURE	Signature, lyped	or printed nam	e of registered agent a	and title if applicable	(NOTE Register	red Ap	ent signature r	required when rejnstating) DATE
12	2,			FFICERS AND D	DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT	'LE	PD			☐ DELETE	1.1	TITLE		☐ Change ☐ Addition l
N/A	IME		K, YALE			1.2	NAME		
ST	REET ADDRESS	ST-ZIP CASSELBERRY, FL 00000					1.3 STREET ADDRESS		ļ
CI	TY-ST-ZIP					1.4	1.4 CITY - ST - ZIP		
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1	UME					2.2	NAME	- 1	}
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1	REET ADDRESS							T ADDRESS	]
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1	ME REET ADORESS						NAME		
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l u	TY-ST-ZIP					5.4	DHY-:	ST-ZIP	

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

WICHICK

4/1/78

407-260-0678

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

407-260-0678

Change

Addition