FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 MAR 22 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-03/23/95--01044--004
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000042923 (1)

1. Corporation Name
~~FOREST CITY AMOCO, INC.~~
OWJI CORP.

Principal Place of Business
~~4004 W ST RD 436~~
~~ALTAMONTE SPRINGS FL 32714~~
~~US~~

Mailing Address
1175 WOODLAND TERRACE TRAIL
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: 06/17/1993
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-3163669 — Applied For / Not Applicable

2. Principal Place of Business
21 1175 Woodland Terrace Trail
22 Suite, Apt. #, etc
23 City & State: Altamonte Springs FL
24 Zip: 32714
25 Country: US

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
CLARK, JOHN
911 S. PARSONS AVENUE
BRANDON FL 33511

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 ______________________________

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	OWJI, KHOSROW
STREET ADDRESS	1175 WOODLAND TERRACE TRAIL
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	ST
NAME	OWJI, CAROLYN
STREET ADDRESS	1175 WOODLAND TERRACE TRAIL
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME	2A	
6.3 STREET ADDRESS	5-22	
6.4 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(1)(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: Carolyn Owji CAROLYN OWJI 3-16-95 (407)297-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0039381 CP