FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000077789 (3)

1. Corporation Name
OCALA CORPORATE, INC.

Principal Place of Business	Mailing Address
1733 W FLETCHER AVE TAMPA, FL TAMPA FL 33612 US	1733 W FLETCHER AVE TAMPA, FL TAMPA FL 33612 US

3. Date Incorporated or Qualified: 10/24/1994	3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-3275137	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L
802 11TH ST. WEST
BRADENTON FL 34205

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☒ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	LEONARD G LEVIN	1.2 NAME	RICHARD LEVIN
STREET ADDRESS	1733 W FLETCHER AVE	1.3 STREET ADDRESS	7646 N. LOCKWOOD RIDGE ROAD
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	V ☐ DELETE	2.1 TITLE	V/S/D ☒ Change ☐ Addition
NAME	STEVEN LEVIN	2.2 NAME	STEVEN LEVIN (N/A)
STREET ADDRESS	1379 LYONS RD	2.3 STREET ADDRESS	P.O. BOX 93-6260
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	MARGATE, FL 33093-6260
TITLE	VAS ☐ DELETE	3.1 TITLE	V/S ☒ Change ☐ Addition
NAME	SIZANNE RICE	3.2 NAME	SUZANNE LEVIN RICE
STREET ADDRESS	1733 W FLETCHER AVE	3.3 STREET ADDRESS	1733 FLETCHER AVENUE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33612
TITLE	VD ☐ DELETE	4.1 TITLE	T ☐ Change ☒ Addition
NAME	RICHARD LEVIN	4.2 NAME	JILL LEVIN (N/A)
STREET ADDRESS	7646 LOCKWOOD RIDGE RD	4.3 STREET ADDRESS	P.O. BOX 11229
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	KNOXVILLE, TN 37939
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MARK A FERRUCCI	5.2 NAME	
STREET ADDRESS	1733 W FLETCHER AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	000001841710
STREET ADDRESS		6.3 STREET ADDRESS	-05/28/96--01068--028
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***3200.00

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: Treasurer Jill Levin 4/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/1/96

CR2E034 (12/95)