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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

1733 W FLETCHER AVE
TAMPA, FL
TAMPA FL 33612
US

Mailing Address

1733 W FLETCHER AVE
TAMPA, FL
TAMPA FL 33612
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

TITLE ☐ DELETE

PD
NAME LEVIN, RICHARD
STREET ADDRESS 7646 N. LOCKWOOD RIDGE ROAD
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ DELETE

VSD
NAME LEVIN, STEVEN
STREET ADDRESS P.O. BOX 93-6260 N/A
CITY-ST-ZIP MARGATE FL 33093-6260

TITLE ☐ DELETE

VS
NAME RICE, SUZANNE L
STREET ADDRESS 1733 W FLETCHER AVE
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ DELETE

D
NAME FERRUCCI, MARK A
STREET ADDRESS 1733 W FLETCHER AVE
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

T
NAME LEVIN, JILL
STREET ADDRESS P.O. BOX 11229 N/A
CITY-ST-ZIP KNOXVILLE TN 37939

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

PD
1.2 NAME Levin, Richard
1.3 STREET ADDRESS 1733 West Fletcher Ave.
1.4 CITY-ST-ZIP Tampa, FL 33612

2.1 TITLE ☒ Change ☐ Addition

VSD
2.2 NAME Levin, Steven
2.3 STREET ADDRESS 21301 Powerline Road, Ste 312
2.4 CITY-ST-ZIP Boca Raton, FL 33433

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

D
4.2 NAME Ferrucci, Mark A.
4.3 STREET ADDRESS 1209 Orange Street
4.4 CITY-ST-ZIP Wilmington, DE 19801

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
6.3 STREET ADDRESS
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

[Signature]

2 27 68 813-910-8151

CR2E034 (10/97)