2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P97000012584 05-03-2004 90783 046 ***158.75 OCNER & ASSOCIATES, INC. Principal Place of Business Mailing Address 14018865 110 ISLAND DRIVE 110 ISLAND DRIVE KEY BISCAYNE, FL 33144 KEY BISCAYNE, FL 33144 04262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0730795 Not Applicable \$8.75_Additional Certificate of Status Desired --Fee Required 6. Name and Address of Current Registered Agent OCNCR, BEN DO NOT WRITE 110 ISLÁND DR KEY BISCAYNE, FL 33144 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE OCNER, BEN STREET ADDRESS 110 I\$LAND DRIVE KEY BISCAYNE, FL 33144 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with the filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is after an an officer or director of the corporation or the receiver or trustee ships wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 03, 2004 8:00 am