FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISIO						
OCUI Corporation	MENT # P94000	0072532	(2)					
MYSTICAL CREATIONS, INC.								
Trib and Dings	of Dualization							
	o of Business	Mailing Address			ı ca bisanı sın câtsı dimit musti dêlil	ı Marrı Marıt 16812	, ,,66, 6,16	8 11119 1181 (BB)
311 W. Waters ave., Suite 603 Ampa Fl 33614		4311 W. WATERS AVE., SUITE 603 TAMPA FL 33614						
					3. Date Incorporated or Qualified	3a. Date o		•
Principal Pli	ace of Business	2a. Mailing Addres	20	·	09/29/1994 4. FEt Number	03/	14/199	
, , , , , , ,		26	201		59-3270878		├	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.		Certificate of Status Desired			Additional
(N) 0 Chuk		27			5. Certificate of Status Desired			Required
City & State	3	City & State			6. Election Campaign Financing			May Be
 Ζιρ	Country	Zip	Co	untry	Trust Fund Contribution 8. This corporation has liability for			to Fees
	25	29	30	,		intangibie tax	unuers	199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	legistered Ag	gent	
				81 Name				
	LOU ELLA			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
	NTAINEBLEAU BLVD.			B3				
TAMPA F	rl 33034							
				84 City			85 Zig	Code
				84 City		FI	-	
. Pursuant to	to the provisions of Sections 607.0502	and 607,1508, Florida S	Statutes, the about the grant of the statutes, the same statutes are statutes as the statutes are statutes are statutes are statutes as the statutes are statut	'	oration submits this statement for the pu	FL rpose of chang	1 1	egistered office
	to the provisions of Sections 607.0502 ed agent, or both, in the State of Floridth, and accept the obligations of, Section 1.	and 607.1508, Florida S la. Such change was au on 607.0505, Florida St	Statutes, the abouthorized by the latutes.	'	oration submits this statement for the purard of directors. I hereby accept the app	FL rpose of chang ointment as re	1 1	egistered office agent. I am
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CHRECTOR

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