

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

ANNUAL REPORT  
1995



DEPARTMENT OF STATE  
CORPORATION  
SECRETARY OF STATE  
BUREAU OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -1 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 341137 (8)

OHC CORP.

Principal Place of Business: 1690 S CONGRESS AVE, STE 200 DELRAY BEACH FL 33445  
Mailing Address: 1690 S CONGRESS AVE, STE 200 DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		25		02/05/1969	03/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1642454	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Affiliated</b>	

NUNEZ, ANTONIO  
1690 S CONGRESS AVE, STE 200  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent	
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	
FL	B5 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 607.0506, Florida Statutes.

SIGNATURE

(Signature of current registered agent required when applicable)

(NOTE: Registered Agent signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD NUNEZ, A	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1690 S CONGRESS AVE, 200 DELRAY BEACH FL	1.2 NAME	
STREET ADDRESS	CD	1.3 STREET ADDRESS	
CITY, ST, ZIP	LEVY, RICHARD D	1.4 CITY-ST-ZIP	
TITLE	1690 S CONGRESS AVE, 200 DELRAY BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD	2.2 NAME	
STREET ADDRESS	HUBSHMANN, E E	2.3 STREET ADDRESS	
CITY, ST, ZIP	1690 S CONGRESS AVE, 200 DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, MARK A.	3.2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE, 200 DELRAY BEACH FL	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statute. I further certify that this certificate and the accompanying supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE:

A. Nunez, Sr. Vice President 2/22/95 (407) 274-2000

(Signature and typed or printed name of officer or director)