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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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424134

(5)

OCUM Corporation Na J.I.L. TF	ENT # 42413 MUCKING INC.	34 (5)							
Principal Place of Business Mailing Address 1405 NORTH KROME AVENUE 1405 NORTH KROME AVENUE FLORIDA CITY FL 33000 FLORIDA CITY FL 33030			\$ 168414 BARIA CHAIN GIRBU SINERA INI		.	4 (1 4:2 :: 4:4 :: 400:			
FLORIDA CITY	7 FL 33030	PLONIDA OTT TE G	••••			3. Date incorporated or Qualified 04/24/1973	3a. Date	of Last F)2/01/	
	-f Dunings	2a. Maling Address				4. FEI Number	L		Applied For
. Principal Piace	g di Business	26				59-1460727			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc				5. Certificate of Status Desired			5 Additional Required
)		27							<u>'</u>
City & State		City & State				Election Campaign Financing Trust Fund Contribution)0 May Be ed to Fees
	······································	28		intry		This corporation has liability for its second	ntangible ta		
Ziρ	Country	Ziρ	30	intry		Florida Statutes Yes	□No		
	25	29	130]	T		10. Name and Address of New R		Agent	
	9. Name and Address of Curre	ni negistereo ngent		81 N	me				
				L		ess (P.O. Box Number is Not Acceptat	la\		
	, VIOLET B.			82 St	reet Addre	ess (P.O. Box Number is Not Acceptate	nc;		
). Krome avenue			B3					
FLORID	A CITY FL 33034							7221	Za Cada
				84 C	ty		FL	85	Zip Code
DICKIATURGE	diagent, or both, in the State of Fro , and accept the obligations of Sec upage 5 ped or mediage of experse (4)	of and the mappings of			ajture templem	d who invisionly ADDITIONS CHANGES TO OFF	DATE ICERS AND	D DIREC	TORS IN 12
2.		ND DIRECTORS		THE				Chang	e 🔲 Addition
ILE	P			NAME					
ME	CABLES, VIOLET B.			STREET ADD	int cc				
REET ADDRESS	1405 N. KROME AVE.			CHY-SF Z					
Y-ST-ZIP	FLORIDA CITY FL			101.E				Chang	e Addition
ILE	\$		1	NAMÉ					
ME)	BERGSTROM, DEAN		_	STREET AD	ORESS				
REET ADDRESS	1405 N. KROME AVE.			CITY \$1-7					
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NAME				3 STREET AL	IDBESS				
STREET ADORESS					CALC DIS				
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CITY-ST-ZIP		DELETE					<u></u>	Cha	nge 🔲 Additio

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 of the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 on address.

6.2 NAME

6 3 STREET ADDRESS.

64 City - ST- ZIP

SIGNATURE:

NAMÉ

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE HOR DIRECTOR

Daytime Phone #