

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mordham,  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 AUG -9 PM 12:14

**DOCUMENT # 441211 (0)**

1. Corporation Name  
**OCTAD, INC.**

Principal Place of Business Mailing Address  
**7720 STONE HARBOUR DR 1 LAKE WORTH FL 33467**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/04/1973** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
 21 **105 LANDINGS BLVD** 26 **105 LANDINGS BLVD,**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
**West Palm Beach, FL** **West Palm Beach, FL**  
 24 **33413** 25 Country 28 **33413** 30 Country

4. FEI Number **59-1498886** 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  
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**VAN WYHE, WILLIAM K.**  
**7720 STONE HARBOUR DRIVE, #1**  
**LAKE WORTH FL 33467**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	VAN WYHE, WILLIAM
STREET ADDRESS	7720 STONE HARBOUR DRIVE, #1
CITY - ST - ZIP	LAKE WORTH FL
TITLE	VD
NAME	AARDEMA, MARVIN P.
STREET ADDRESS	6635 VICTORIA DRIVE
CITY - ST - ZIP	OAK FOREST IL
TITLE	TD
NAME	AARDEMA, NORMAN J.
STREET ADDRESS	1002 E. 170TH PLACE
CITY - ST - ZIP	SOUTH HOLLAND IL
TITLE	S
NAME	VAN WYHE, JANICE M.
STREET ADDRESS	7720 STONE HARBOUR DRIVE, #1
CITY - ST - ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD William Van Wyhe
1.3 STREET ADDRESS	105 LANDINGS BLVD
1.4 CITY - ST - ZIP	West Palm Beach, FL 33413
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S VAN WYHE, JANICE
4.3 STREET ADDRESS	105 LANDINGS BLVD,
4.4 CITY - ST - ZIP	West Palm Beach, FL 33413
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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: William Van Wyhe **8/3/95** **407 968 3057**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)  
William Van Wyhe PD

CR2E034 (3-95)