

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/30/96: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 9:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 493626 (6)

1. Corporation Name
OKAM HOLDINGS, INC.

Principal Place of Business Mailing Address
4355 NW 128TH ST. MIAMI FL 33054 **4065 NW 128TH ST. MIAMI FL 33054**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/09/1976** 3a. Date of Last Report **08/10/1994**
4. FEI Number **59-1645860** 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
8. This corporation has liability for intangible tax under s. 169.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **P.O. BOX # 576**
22 City & State 27 **DEERFIELD BLV, FL.**
23 Zip 28 **33443** 29 Country 30 **USA-**

9. Name and Address of Current Registered Agent
**GLASS, JAMES E
6161 BLUE LAGOON DR.
STE 350
MIAMI, FL . FL 33128**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SCHWEBKE, ROBERT C.
STREET ADDRESS	4065 NW 128 STREET
CITY - ST - ZIP	MIAMI FL CHANGE ADDRESS
TITLE	V
NAME	RUGG, HL-
STREET ADDRESS	18240 NW 17 ST. OMIT
CITY - ST - ZIP	CORAL SPRINGS FL-
TITLE	STD
NAME	SCHWEBKE, JUDITH
STREET ADDRESS	4065 NW 128 STREET
CITY - ST - ZIP	MIAMI FL CHANGE ADRES
TITLE	V
NAME	MANNING, LAWRENCE, P
STREET ADDRESS	4335 NE 100 ST OMIT
CITY - ST - ZIP	MIAMI FL
TITLE	VO
NAME	SCHWEBKE, BRETT
STREET ADDRESS	4355 NW 128TH ST.
CITY - ST - ZIP	MIAMI FL 33054 CHANGE ADDRESS
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHWEBKE, ROBERT C	
1.3 STREET ADDRESS	P.O. BOX # 576	
1.4 CITY - ST - ZIP	DEERFIELD BLV, FL. 33443	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHWEBKE, JUDITH NT	
2.3 STREET ADDRESS	P.O. BOX # 576	
2.4 CITY - ST - ZIP	DEERFIELD BLV, FL. 33443	
3.1 TITLE	V.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHWEBKE, BRETT NT	
3.3 STREET ADDRESS	P.O. BOX # 576	
3.4 CITY - ST - ZIP	DEERFIELD BLV, FL. 33443	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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)(b), 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: Robert C. Schwebke President 6/27/95
ROBERT C. SCHWEBKE

CR2E034 (3/95)