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

1996

OCUM Corporation N	lame	90 (4)			•
CHRISTOPHER'S, INC.					
rincipal Place of	Business	Mailing Address			1 61614 61814 61814 61814
% JOHN BOINIS 2857 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 % JOHN BOINIS 2857 EAST OAKLAND F FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306				3. Date Incorporated or Qualified	
. Principal Plac	o of Business	2a. Mailing Address		4. FEI Number	Applied For
, Principal Plac]	e or posiness	26		NOT APPLICABLE	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
l		27		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		1 rust Fund Contribution	Added to Fees
L	Country	28 Zip	Country	8. This corporation has liability for intangit	ole tax under s. 199.032,
Zip I]	25	29	30	Florida Statutes Yes N	
1	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registe	red Agent
			81 Name		
BOINIS, L	IOHN		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
2857 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306		83			
		63	77g.		
			84 City		FL 85 Zip Code
SIGNATURE _	Signature, typed or printed name of registered OFFICERS	agenciano nos il applicable (1) S AND DIRECTORS	OTE Regulated Agent signature re-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1 1 TIBLE	: 	Change Addition
NAME	BOINIS, JOHN		1.2 NAME	r i	
STREET ADDRESS	2857 E OAKLAND PARK	BLVD	1.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL	DELETE	2 1 TO LE		Change Addition
TITLE		Приси	2.2 NAME		
NAME .			2.3 STREET ADDRESS	in the second	
STREET ADORESS CITY-ST-ZIP			2 4 CHY- ST- ZIP		Change Addition
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP		DELFTE	3 4 CHY- ST- ZIP 4 1 THLE		Change Addition
TITLE		L] bettie	4.2 NAME		
NAME			4.3 STREET ADDRESS	:	
STREET ADDRESS			4.4 CITY - ST - ZIP		
CITY-ST-ZIP		DELETE	5 1 TILLE	,	Change Addition
TITLE	1		5.2 NAME	N. Carlotte	
THLE NAME					
			53 STREET ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
NAME		E ALICY.	5 4 CITY - ST - ZIP	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Change Addition
NAME STREET ADDRESS		DELETE	5.4 CITY - ST - ZIP 6.1 TILLE		Change Addit-on
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE 6.2 NAME		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		-	5 4 CITY - ST - ZIP 6 1 THLE 6.2 NAME 6.3 STREET ADDRESS	alify for the exemption stated in Section 119.07(3)	

SIGNATURE:(

certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by single or on an attachment with an address.

GNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR