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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

| OCUN<br>Corporation I  | MENT #   | 56465  | 57   | (5)  |  |  |  |   |  |                              |   |   |
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| ,  | S THIS 'N  | THAT, INC.   |  |  |  |  |  | 1 100 (A) | I BILLIF B <b>illif Billif</b> Billif Billif | <b>  186</b>   <b>  1</b> 86 | NA BN <b>a</b> ri Briann art                  | in dian anah baar                           |
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| ncipal Place of 10065 S. CLE   | ARY BLVD.  |  | 9  | iling Address<br>9641 CONCHSHELL I                                       |  |  |  |   |  |                              |   |   |
| PLANTATION<br>US   | FL 33324   |  | ŀ  | PLANTATION FL 3333   | 24   |  |  | 3. Date Incorpora                             |  | 3a. [                        | Date of Last                                  |   |
| 5.1  | (E)  |  | <b></b>  |  |  |  |  | 12/21/19                                      | 77   |                              | 03/28/1                                       |   |
| Finne-pail Filac   | ce of Business   |  | 2a.<br>26  | Mailing Address  |  |  |  | 4. FEI Number<br>59-181                       | 5068   |                              | -   | Applied For<br>Not Applicable               |
| Suite, Apt. #,   | , etc.   |  | 27   | Suite, Apt. #, etc   |  |  |  | 5. Certificate of S                           |  |                              | •   | 5 Additional<br>Required                    |
| City & State   |  |  | 28   | City & State   |  |  |  | 6. Election Camp<br>Trust Fund Co             | -  |                              |   | 00 May Be<br>led to Fees                    |
| Ziţ)   | 25   | Country  | 29   | Zφ   | 30   | untry  |  | 8. This corporation                           |  | intangib                     |   | s 199.032,                                  |
|  | 9. Name and  | d Address of Curre   | ent Regist   | tered Agent  |  |  |  | 10. Name and A                                | ddress of New R                              | egister                      | ed Agent                                      |   |
| VALORIO  | UL DENINO  |  |  |  |  | 81 1   | Name   |   |  |                              |   |   |
|  | SH, DENNIS<br>INCHSHELL I  | MANOR, PLANTA  | TIÓN   |  |  | 82 5   | Street Addre   | ess (P.O. Box Numbe                           | r is Not Acceptab                            | ie)                          |   |   |
|  | DERDALE FL   |  |  |  |  | 83   |  |   |  |                              |   |   |
|  |  |  |  |  |  | 84 (   | Dity   |   |  |                              | 85 2  | Zip Code                                    |
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| . Pursuant to  | the provisions   | of Sections 607.05   | 02 and 607   | 7.1508, Florida Statu  | tes, the ab  | J. L.<br>ove-nan   | ned corpora  | ation submits this sta                        | tement for the pur                           | pose of                      | changing its                                  | registered offic                            |
| or registore<br>familiar with<br>BNATURE   | d agent, or boll<br>i, and accept th   | h, in the State of Fk<br>ne obligations of, Se   | orida, Such<br>ection 607.0                                    | i change was authori<br>0505, Florida Statute                            | zed by the<br>s.   | corpora  | ation's boar   | rd of directors. I hereb                      | tement for the pur<br>by accept the app      | ointmen                      | t as registere                                | registered officed agent. I ani             |
| or registore<br>familiar with<br>3NATURE<br>s  | d agent, or boll<br>i, and accept th   | h. in the State of Fk  | orida, Such<br>ection 607.0<br>•• Land tille ria               | i change was authori<br>0505, Florida Statute                            | zed by the<br>s.   | corpora  | ation's boar   | d when renstating)                            | tement for the pul<br>by accept the app      | ointmen<br>DA1               | nt as registere                               | ed agent. I an                              |
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