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

	OCUN Corporation ERNES	Name	# 634584 ELEY D.C., P.A.	· (/)							
Dr.	inainal Place	of Business		Mailing Address							
Principal Place of Business 1402 LAFAYETTE ST. CAPE CORAL FL 33904				Mailing Address 1402 LAFAYETTE ST. CAPE CORAL FL 33904							
								3. Date incorporated or Qualified 08/31/1979 3a. Date of Last Rep 04/21/1995			_
2. 21	Principal Place of Business			2a. Mailing Address 26				4. FEI Number 59-1931222		Applied For Not Applicable	_
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		3.75 Additional Fee Required	
23	City & State			City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24	Zip	Country Zip 25 29 30		Count 30	ry			ation has liability for intangible tax under s 199.032, utes			
		9. Name	and Address of Current	Registered Agent				10. Name and Address of New R	egistered Agen	t	
					8	1 Name	е				
	GREEN, BRUCE 12800 UNIVERSITY DRIVE						et Addres	s (P.O. Box Number is Not Acceptab	ile)		_
SUITE 600					8	3					-
	FT. MYE	RS FL 33	906-3259		8	4 City			85	Zip Code	
11	. Pursuant to	the provis	ions of Sections 607.0502 :	and 607 1508. Florida Stat	utes the above	-named i	corporati	on submits this statement for the pur	FL]	·	Α.
''	or registere	ed agent, or	both, in the State of Florida opt the obligations of, Section	 Such change was autho 	rized by the co	rporation'	's board	of directors. I hereby accept the appoint	pintment as regist	iered agent. I am	,
Si	GNATURE _	<u>.</u>	or printed name of registered agent ar		(NOTE: Registered A	اج، بهجد		<u>, - , </u>			
12		signature typeo	OFFICERS AND	DIRECTORS	13.	ent signature	e required w	nen reinstating: ADDITIONS/CHANGES TO OFFI	DATE ICERS AND DIRE	CTORS IN 12	
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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 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 carrotation 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 18 if ghanger, of on an Alashment with an address.

SIGNATURE:

· ERNEST L. RISLEY D. C. Pros · 415/96
HIGH OR DIRECTOR Destr. Destr.