FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **642821** **(3)**

1. Corporate Name
JOCHA CORPORATION

Principal Place of Business
601 GRAND CENTRAL ST.
CLEARWATER FL 34616

Mailing Address
601 GRAND CENTRAL ST.
CLEARWATER FL 34616

2. Former Principal Place of Business
21.
Street Address
22
City & State
23
Country
24 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip
29 Country
30

3. Date Incorporated or Qualified
10/24/1979

3a. Date of Last Report
01/24/1995

4. FEI Number
59-1947660
Applied For
Not Applicable

5. Cumulative Shares Deemed [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation qualified for unclaimed property under s. 717.0302 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
TAYLER, JOHN E.
1101 ENISWOOD PKWY
PALM HARBOR FL 34683

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 Section 607.0505(2) and/or 607.1605 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.

12. OFFICERS AND DIRECTORS

P
TAYLER, JOHN E.
601 GRAND CENTRAL ST.
CLEARWATER FL
[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

[ ] Change [ ] Add

14. I hereby certify that the information supplied with this report is true and does not qualify for the exemption stated in Section 119.07(3)(ee), Florida Statutes. Further, I hereby acknowledge that I am aware and agree that I may be subject to penalties for perjury if I submit false information in this report. I understand that false information includes but not limited to supplying a false or invalid Social Security number. I understand that I am required to provide the requested information under Section 119.07(3)(ee) Florida Statutes, and that my signature shall have the same legal effect as if made under oath; that I have read the above statement and that the facts stated in it are true.

SIGNATURE: 1-23-96 813-442-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)