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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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OCUN Corporation	MENT # 713	3638	(5)							
	ISLAND FLOTILLA,	INC.								
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Principal Place	of Business	V	Mailing Address							
			108 CHAMONIX COL	URT						
NAPLES PL 30	3902		NAPLES FL 33962							
						3. Date	e Incorporated or Qualified 11/15/1967	3a. [ate of Last 01/20/1	Report 995
Principal Pla	ace of Business) ——	a. Mailing Address			4. FEI	Number 23-7437659			Applied For
Cuito Ant 4	L ata	26	L			 	20 1401000			Not Applicable
Suite, Apt. #	*, etc.	27	Suite, Apt. #, etc.			5. Cer	tificate of Status Desired	×		Additional Required
City & State)		City & State			6. Elec	ction Campaign Financing			O May Be
		28]		-70	I	st Fund Contribution			d to Fees
Zip	Country		Zip	- -	ountry	B. This	s corporation has liability fo			. 199.032,
İ	25	29	. 	30	_		ida Statutes	☐ Yes [
	9. Name and Address of	r Current Hegi	istered Agent		81 Name	10. Na	me and Address of New	Registered	Agent	
MICHOLO	S JAMES IN				Name					
	S, JAMES W MONIX COURT				82 Street A	Address (P.O. B	Box Number is Not Accepta	able)		
	FL 33962				83		-			
	rt. 33302									
									85 Zi	p Code
144 020					84 City			FI	_	
Pursuant to or registere familiar with	o the provisions of Sections 6 ed agent, or both, in the State th, and accept the obligations	e of Florida. Suc	ch change was autho	orized by the	oove-named co	propration submits board of directors	nits this statement for the poors. I hereby accept the ap	urpose of ch	nanging its i	registered offic d agent. I am
Pursuant to or registere familiar with IGNATURE	ed agent, or both, in the State h, and accept the obligations Signature, typed or printed name of regis	e of Florida, Suc s of, Section 61 stered agent and title	ch change was autho 7.0503, Florida Statu if applicable.	orized by the ites. (NOTE Register	pove-named co e corporation's	board of director	ors. I hereby accept the ap	urpose of cl pointment a	nanging its r s registered	j agent. I am
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certify that the information infocated 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 each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 16 if changed, or on an attachment with an address.

SIGNATURE: