FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUI	MENT Name	# 753372	2	(2)									
OK KI	DS, INC.								# 1900 NI 4000 BUILD B	I IK a j a jain ti	1 2 1 2 0	(\$ 6 6 4 6 6 1 6 6 1	
Principal Place	of Business			Inilina Address									
Principal Place of Business Mailing Address													
19506 GULF #4	BLVD.			19506 GULF BLVD.									
INDIAN SHO	RES FL 346	35		INDIAN SHORES FL 34	4635								
US				US					3. Date Incorporated or Qualified 07/16/1980	3a. Da	te of Last 01/27/		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-2129154	Applied For			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					, tot, ppiece			Not Applicable	
22				Suite, Apt. #, etc.					5. Certificate of Status Desired	122		Additional Required	
City & State				City & State					6. Election Campaign Financing			May Be	
23				8					Trust Fund Contribution			d to Fees	
Zip	Country			Zip Cou			y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			199.032,	
24]	25 9. Name and Address of Current I			istered Agent			Florida Statutes Yes 10. Name and Address of New Registe				· ·		
	3. 1101110	the Address of Contone	Hogic	stored Agent		81	Na	me	to, Name and Address of New Ac	gistered	-gent		
TAVARE	S, GERAL	D.A.				82		o o h A al al a a	ess (P.O. Box Number is Not Acceptable				
9 EAST TARPON AVENUE							5tr	ect Adare	ess (P.O. Box number is Not Acceptable))			
TARPON SPRINGS FL 33589													
						84	Cit				85 Zi	p Code	
		····						•		FL			
or register	ed agent, or	both, in the State of Florida	a. Suci	h change was authorize	ed by t	above- he corp	name poratio	d corpora n's board	ition submits this statement for the purp I of directors. I hereby accept the appo	ose of cha ritment as	nging its r registered	registered office Lagent, Lam	
familiar wit	th, and acce	pt the obligations of, Section	n 617.	.0503, Florida Statutes.		·			, , , , , , , , , , , , , , , , , , , ,		J	ŭ	
SIGNATURE _	Signature, typed	or printed name of registered agent er	nd tile if	acolicanie. (NO	TE Regis	Jered Age	rit Siana	une necturared	when reinstaling)	DATE			
12.		OFFICERS AND		**		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12	
TITLE	VD			DELETE		1.1 TITLE		1]	Change	☐ Addition	
NAME		, KRISTY K			1	1.2 NAME		1					
STREET ADDRESS		LANDIS ST			1	13 STREE	I ADDRI	SS					
CITY-ST-ZIP TITLE	PDT	ERSBURG PA		DELETE		1.4 CHY-1	ST-ZIP			- г	Change	Addition	
NAME		, Robert F		Dottell		21 THTLE 22 NAME				i	Change	Addition	
STREET ADDRESS		GULF BLVD., #407				23 STREE	T ADDRI	22:					
CITY-S1-ZIP		SHORES FL				2 4 CITY-							
TITLE	VD			DELETE	_	3.1 TITLE			-]	Change	☐ Addition	
NAME		S, ROBIN R.			3	3 2 NAME							
STREET ADDRESS		/2 W. OCEANFRONT			3	3.3 STREE	t addri	ss					
CITY-ST-ZIP	NEWPO	ORT BEACH CA		Dener		3.4. CITY-	ST · ZIP	_			٠, ١	E3 11 ***	
TITLE				DELETE		ET TITLE				į	Change	Addition	
NAME STREET ADDRESS						t. 2 NAME							
CITY-ST-ZIP						1.3 STREE 1.4 City-1							
TITLE				DELETE		5.1 TITLE	U1 - Z1F		<u>.</u>	Γ	Change	☐ Addition	
NAME						5.2 NAME				_	-	=	
STREET ADDRESS						5.3 STREE	T ADDR	ss					
CITY-ST-ZIP				·		5.4 CITY - !	ST-ZIP				_		
TITLE				DELETE	1	3.1 TITLE				Ī	Change	■ Addition	
NAME						2 NAME							
STREET ADDRESS						3.3 STREE		SS					
14. Ldo hereb	v certify that	the information supplied wi	th this	filing is voluntarily furni		5.4 City-: and doe		nualify for	r the exemption stated in Section 119.0	7(3)(k) Flo	rida Statut	los I furthar	
certify that oath: that	the informa Lam an offic	tion indicated on this annua	I repor	rt or supplemental annu r the receiver or trustee	ual repo e empo	ort is tre	ue ani	d accurate	e and that my signature shall have the s report as required by Chapter 617, Flo	ame legal i	effect as if	made under	

Robert F. Meeks) 3/12/96