	E NOW: FILII PROFIT RPORATION UAL REPORT 1996		FLORIDA DEP Sandra Secre	ARTMENT OF STATE a B. Morthani stary of State F CORPORATIONS			
DOCU 1. Corporatio	MENT # 8	315281	(1)				
•	OCO COMMUNICA	ATIONS, INC.	, ,				
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Principal Plac	e of Business	Ms	ailing Address	<del></del>			LATT BIRTH BOOK ONGE ONE TOO
600 N DAII ML 3146 Houston US	RY ASHFORD TX 77079		P O BOX 1267 212-21 NT PONCA CITY OKLAH	OMA 74602-1267			
			US		3. Date Incorporated or Qualified 05/15/1961		e of Last Report <b>)5/01/1995</b>
2. Principal P	lace of Business	2a. 26	Mailing Address		4. FET Number 73-6091772		Applied For Not Applicable
Suite, Apt 22		27	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
Crty & Stat 23	e	28	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	29	<i>Ζ</i> <sub>ι</sub> ρ	Gountry 30	8. This corporation has liability for Florida Statutes 🔲 Yes	intangible ta	
	9. Name and Addre	ss of Current Regist	tered Agent	81 Name	10. Name and Address of New I	Registered	Agent
	RPORATION SYSTEM				ddress (P.O. Box Number is Not Acceptal	hits)	
	S. PINE ISLAND ROAD	)		52 01.001710	do oso (* .e. bet nambe is not Acceptal	urej	
PIANT	VILUM EL 65537			02		··	*
PLANT	ATION FL 33324			83			
		207 (0) (0) and (0)		84 City		FL	<b>85</b> Zip Code
11. Pursuant or register	to the provisions of Section	ons 607,0502 and 607 State of Flonda Such tions of Section 607,0	'.1508, Florida Statute Change was authoris 505. Florida Statutes	84 City	poration submits this statement for the pu oard of directors. Thereby accept the app	FL rpose of cha	1 1 ' 1
11. Pursuant or register	to the provisions of Sections and agent, or both, in the th, and accept the obliga		socy i could orange	84 City es, the above named couped by the corporation's be		FL rpose of cha cintment as	1 1 ' 1
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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 composition 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 13 if changed or on an attrachment with an address

SIGNATURE:

L. B. Cobb, Secretary

4-24-96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TO THE PROPERTY OF T

4-24-96 713/293-5933