FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	JAL REPORT 1996		./	ry of State CORPORATIONS				
OCUN Corporation	MENT #	821921	(4)					
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 noipat Place	of Business		Mailing Address	·				
ONE RIVERWAY PO BOX 4240 HOUSTON TX 77210 US			ONE RIVERWAY PO BOX 4240 HOUSTON TX 77210 US					
						3. Date Incorporated or Qualified 3a. Date of Last F 10/08/1968 05/01/19		te of Last Report 05/01/1995
Principal Pla	ace of Business ST JAMES	5 PINC	2a. Mailing Address			4. FEI Number 54-0353060		Applied For
Sute, Apt. #	#, etc.		Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 Additional
City & State			City & State	· · · · · · · · · · · · · · · · · · ·	.	Election Campaign Financing Trust Fund Contribution	 	\$5.00 May Be
Zip つつつ5	Coi 25 /4	untry	Zip 29	Country	y	8. This corporation has liability		Added to Fees tax under s 199.032,
	9. Name and Ad	ddress of Current R		T		10. Name and Address of Ne		Agent
				81	Name			
	RPORATION SYS			82	Street	Address (P.O. Box Number is Not Accept	otable)	
	. Pine Island R Ation FL 33324	UAD		83	ļ			
LPUIT	NIION FL 33324							
				84	0.4			85 Zip Code
Pursuant to or registere familiar with	o the provisions of S ed agent, or both, in h, and accept the ob	Sections 607.0502 and the State of Florida. Soligations of, Section (d 607.1508, Florida Statute Such change was authoriz 607.0505, Florida Statutes	es, the above-		orporation submits this statement for the board of directors. I hereby accept the a	purpose of chappointment a	<u> </u>
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cath; that I am an efficer or director of the corporation 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 attachment with an address

SIGNATURE: Kin HA Roberton 2/25/96 7/3/840-6206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Continue Prome 8