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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996				• •/	Secretary of State IN OF CORPORA					
	OCUN Corporation	MENT #	F13344	(9)						
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		of Business		Mailing Address						
	O23 CENTRA	Churchill Dunn IL Avenue		% THOMAS CHU 3023 CENTRAL A						
\$	t Petersbl	JRG FL 33713		ST PETERSBURG			3. Date Incorporated or Qualified	3a. Date of	ast Bor	nort 1
							01/01/1981		1/1995	1
	Principal Pia	ice of Business		2a. Mailing Address	5		4, FEI Number	J , ,	h	plied For
21	Suite, Apt. #	ate the		26 Suite, Apt. #, e	te		59-2045343			ot Applicable
22	come, ruse. r	, 010.		27	to.		5. Certificate of Status Desired			Additional equired
	City & State			Oity & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
	Zıtı	 1	Country	Žφ	Coul	ntry	8. This corporation has liability for i			
24		25	Address of Current	29 Bagletored Agent	30		Florida Statutes X Yes 10. Name and Address of New R			
		a' manie and	Address of Current	negistered Agent		81 Name	10, Name and Address of New H	egistered Age	144	
	DUNN, T	HOMAS CHUR	CHILL			82 Street Arto	dress (P.O. Box Number is Not Acceptab			
3023 CENTRAL AVENUE							gress in the resemble to their receptant	o)		
	ST PETE	RSBURG FL 33	3713			83				
					•	84 City		F. 8	5 Zip	Code
11.	Pursuant to	o the provisions o	f Sections 607 0502 a	rid 607.1508. Florida S	Statutes the abo	ve-named coroc	pration submits this statement for the pur	FL	og its re	nistered office
	or registere familiar wit	ed agent, or both, h, and accept the	in the State of Florida obligations of, Section	Such change was au n 607,0505, Florida Sta	thorized by the catutes.	orporation's ho	ard of directors. I hereby accept the appo	intment as reg	stered a	igent. I am
SIG	NATURE _									
12.		Signature, typed or print	o maine of registered agent an OFFICERS AND		(NOTe: Registered	Agent signatine receive	e Lwheir demoditing! ADDITIONS/CHANGES TO OFFI	DATE OF DO AND DIE	E CTOE	9 INI 10
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4. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

813/327-1806