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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

ANNUAL	REPOR
19	96

	OCUI Corporation WRT, I		(3)						
Pri		of Business	Mailing Address						
191 GIRALDA AVE CORAL GABLES FL 33134 191 GIRALDA AVE CORAL GABLES FL 33134				134					
						 Date Incorporated or Qualified 01/04/1982 	3a. Date of Las 05/01/		
2. 21		ace of Business	2a. Mailing Address 26			4. FEI Number 59-2146244		Applied For Not Applicable	
22		, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	1962	75 Additional se Required	
23		ly & State City & State				Election Campaign Financing Trust Fund Contribution	L. A	.00 May Be ided to Fees	
24	Zip	Country 25 9. Name and Address of Current	Zip Countr 29 30			B. This corporation has liability for intangible tax under s 199 032, Florida Statutes			
	· · · · · · · · · · · · · · · · · · ·	S. Name and Address of Carrent	riegisteren Agent	81	Name	ID. Name and Address of New A	efiere.en vieur		
BRICKELL REGISTERES AGENTS INC 100 N BISCAYNE BLVD				82		ress (P.O. Box Number is Not Acceptab	le)		
STE 1810 MIAMI FL 33132			83						
				04	City		FL 85	Zip Code	
	or registere familiar wit	ed agent, or both, in the State of Florida h, and accept the obligations of, Section Senaure, typed or printed name of registered agent a OFFICERS AND	a. Such change was authorize n 607.0505, Florida Statutes. nd tille if applicable. [NOT	d by the corp	poration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo d when renstating! ADDITIONS/CHANGES TO OFFI	DATE	red agent. I am	
TITL		VP	☐ DELETE	1. 1 TOTLE		ABBITIONS OF PAROES TO OTT	Chan		
NAN	Æ	MARSTON, GERALD C.		1.2 NAME			Citati	Re ["] Workingt	
CIT	EET ADDRESS Y-S1-ZIP	191 GIRALDA ABE. CORAL GABLES FL		1.3 STREE 1.4 CITY-	T ADDRESS ST-ZIP				
TIT:		D Roberts, William H	☐ DELETE	2.1 TITLE 2.2 NAME			☐ Chan	ge 🔲 Addition	
CITY	EET ADDRESS 7-St-7IP	260 S BROAD ST. PHILADELPHIA PA		2.3 STREE 2.4 CITY -	T ADDRESS ST-ZIP				
TITL	í	V Pruett, C. Alyn	☐ DELETE	3. 1 TITLE 3.2 NAME			☐ Chan	ge 🗌 Addition	
	EET ADDRESS Y-ST-ZIP	191 GIRALDA AVE CORAL GABLES FL		3.3 STREE 3.4 CITY - :	T ADDRESS ST-ZIP				
TIFL	E	V	☐ DELETE	4. 1 TITLE			☐ Chan	ge Addition	
NAN		GARCIA, KATHLEEN 260 S. BROAD STREET		4.2 NAME					
	EET ADDRESS (-ST-ZIP	PHILADELPHIA PA		4.3 STREE 4.4 CITY - 1	T ADDRESS ST-ZIP				
TIIL		——————————————————————————————————————		5 1 TITLE			☐ Chan	ge 🔲 Addition	
NAM		BENISCHECK, JOHN J.		52 NAME					
	EET ADORESS	260 S. BROAD ST.			ADDRESS				
	r-ST-ZIF	PHILADELPHIA PA	ED DELETE	5.4 C(1Y-5	ST-ZIP				
TITE		b b	DELETE	6. 1 TITLE			☐ Chan	ge 🔲 Addition	
NAM		FERNSLER, JOHN E 191 GIRALDA AVE		6.2 NAME				Į	
	EET ADDRESS	CORAL GABLES FL			ADDRESS			ļ	
	r-st-zip I do hereby		th this filing is voluntarily furnis	6 4 City - S shed and doe	s not qualify for	or the exemption stated in Section 119.0	07(3)(k), Florida Sta	atutes. 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 eath; 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.

Benischerk John J. Benischerk 4/17/96 1215)732-5215