| CORP<br>ANNUA  | ROFIT<br>PORATION<br>AL REPORT<br>1996   |  |  | Sandra F<br>Secreta   | RTMENT OF STATE  B. Mortham  rry of State  CORPORATIONS   |  |  |
|--|--|--|--|---|---|--|--|
| OCUN<br>Corporation 1  | MENT #   | F6983  | 4  | (2)   |   |  |  |
|  | INDUSTRIES   | , INC.   |  |   |   | E KROPERO KINA DIDIA KATALAMAN DI  | III DAGL BABA BABA BABA BABA SABA BABA ABA   |
| ncipal Place o<br>569 BROWAR<br>JACKSONVILL  | 10 ST 94 2.  | Maple 1<br>2207  | Mailing /<br>P.O. 1<br>JACK<br>US  | Address<br>BOX 10604<br>SONVILLE FL 322                                       | 247   | 3. Date Incorporated or Qualified  | 3a. Date of Last Report  |
|  |  |  |  |   |   | 03/05/1982<br>4, FEI Number  | 04/28/1995   |
| •  | ce of Business<br>Maple Lane   |  | <u> </u>   | ng Address  | INDUSTRIES  | ممممين ماليا   | Applied For Not Applicab   |
| Suite, Apt. #,   | , etc.   |  | Suite<br>27  | e, Apt. #, etc.   |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |
| City & State  Jacks  | sonville F   | lorida   | <u> </u>   | & State<br>NCKSOX   | WILE FL   | Election Campaign Financing     Trust Fund Contribution  | S5.00 May Be Added to Fees   |
| Ζφ<br>32207  | 7 25   | untry<br>DUVAL   | Zip<br>29 32   | 247-0604  | Country 30 DUVAL  |  | s 🗆 No   |
|  | g. Name and A  | ddress of Currer   | nt Registered  | l Agent   | B1 Name   | 10. Name and Address of New I  | Registered Agent   |
| ALLEN  |  | _  |  |   |   |  |  |
| ALLLIN,  | BRINTON AND S  | SIMMONS, P.A.  | No   |   | 82 Street Addr  | ress (P.O. Box Number is Not Accepta   | ble)   |
| 3220 INI   | DEPENDENT-SQ   | UARE -   | Ne   | ~   | 82 Street Addr  | ress (P.O. Box Number is Not Accepta<br>942 Maple Lane   | ble)   |
| 3220 INI   | BRINTON AND S<br>DEPENDENT SO<br>DIVALLE FL 3220   | UARE -   | He   | w   | 84 City   | ress (P.O. Box Number is Not Accepta<br>942 Maple Lane   | 85 Zin Corie   |
| JACKSO   | DEPENDENT SO<br>DIVILLE FL 3220  | UARE -   |  |   | 83 84 City Jac  | ress (P.O. Box Number is Not Accepta<br>942 Maple Lane<br>cksonville   | FL 85 Zip Code 32247   |
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4176 904/396-9023 (Regions Prome )