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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

OCUN. Corporation			594	(3)			. I I I I I I I I I I I I I I I I I I I	ili šili šikia kara na	iti Ciller Sistes Mehre 2000 a
rincipal Place	of Business			lailing Address					
17190 NW 176 AVE C/O HARVEY E. THOMAS OKEECHOBEE FL 34972 17190 NW 176 AVE C/O HARVEY E. THO OKEECHOBEE FL 34972 OKEECHOBEE FL 34972									
							3. Date incorporated or Qualified 07/29/1982	3a. Date of L 02/1	ast Report 3/1995
. Prinopal Pla 	ace of Busine	388	2a. 26	. Mailing Address			4. FEI Number 59-2207740		Applied For
l Suite, Apt. ≢	⊭, etc.		20	Suite, Apl. #, etc.				\$	Not Applicable 8.75 Additional
<u> </u>			27				5. Certificate of Status Desired		Fee Required
Gity & State	:		28	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
/ Zip		Country 25	29	Zip	Countr	ry	8. This corporation has liability for	intangible tax un	
		and Address of Cu		tered Agent	30		10. Name and Address of New F	No Registered Ager	
					8	1 Name			
THOMAS, HARVEY E. 17190 NW 176TH AVENUE					8:	2 Street Add	Iress (P.O. Box Number is Not Acceptate	ole)	
	HOBEE FL				8	3			
0.1220		40172			8	4 City		1::	T
					P:			FL 65	Zip Code
or registere	ed agent, or	Dom, in the State of t	rionaa. Suci	7.1508, Florida Statut i change was authoriz 0505, Florida Statutes	rea by the cor	named corpo	ration submits this statement for the pured of directors. I hereby accept the app	roops of shappin	l g its registered offic tered agent. I am
familiar with	n, and accep	of protect name of regulated	Section 607,	0505, Florida Statutes	OTE. Registered Ag	named corpo	ard of directors. I hereby accept the app	rpose of changing ointment as regis	tered agent. I am
familiar with GNATUFRE	PD	op methane of agritacin	Florida, Sudi Section 607, agent and bilifig	0505, Florida Statutes	ed by the cor	-named corpoi poration's boa	ard of directors. Thereby accept the app	rpose of changing ointment as regis	ectors IN 12
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SIGNATURE: Jena K. Thomas I. F. WA R. Thomas 2-18-96
SIGNATURE and Typed or Printed Name of SIGNING OFFICER OR DIRECTOR Date Deptime Prove 1