## PROFIT CORPORATION ANNUAL REPORT FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretery of States

	ANNL	RPORATI UAL REP 1996	ORT	DIV	IDA DEPARTMEN Sandra B. Mortl Secret <del>ary of St</del> ISION OF CORPO	ham बार		
1.	OOCUI Corporation STRAW	n Name	# <b>F9300</b> MANAGEMENT CO	0003045 PRPORATION	5 (2)			
Principal Place of Business Mailing Address  175 N. MILITARY TRAIL  W. PALM BCH. FL 33415  W. PALM BCH. FL 32415					ARY TRAIL	— ·· • • • • • • • • • • • • • • • • • •		
L	Principal Pla		988	W. PALM BCH US			Date Incorporated or Qualified     06/30/1993	3a. Date of Last Report 04/20/1995
21				2a. Mailing Add	lress		4. FEI Number	Applied For
	Suite, Apt. #	#, etc.		Suite, Apt. #	#, etc.		13-3246519	Not Applicable
22	City & State	<del></del>		27		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23				City & State			6. Election Campaign Financing	\$5.00 May Be
	Zip		Country	Zip	Co	untry	Trust Fund Contribution  8. This corporation has liability for	Added to Fees
24			25 and Address of Curren	29	30	·	Florida Statutes 🔀 Yes	s ∏iNo
		<b>V.</b>	and riddings of Oditori	it Hegistered Agent	· · · · · · · · · · · · · · · · · · ·	81 Name	10. Name and Address of New I	Registered Agent
FERN, LOUIS 16825 CHARTLEY COURT DELRAY FL 33484						82 Street Ac	ddress (P.O. Box Number is Not Acceptat	ole)
11. Pursuant to the providence of Coulty and Country						1 1 - 7		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE								
SIGNATURE.  SIGNATURE.  SIGNATURE.							рака от аправота. Глюгору ассерт тте арр	ointment as jegistered agent. I am
	s s	<i>U F</i>	r printed namic of registered agent a	and title if applicable	- 2 1 WCZ1	Agent signature requ		-16146
12.		CPS	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME		FEIN, LO	t HS	☐ DELE	I			Change Addition
STREE	ET ADDRESS		HARTLEY CT.		12 N/			
	- ST - ZIP	DELRAY				TY-ST-ZIP		
TITLE	Į.	VPS		DELE				Change Addition
NAME		FEIN, CA			22 N/4	AME		E onlinge E Addition
	ET ADDRESS - ST-ZIP	DELRAY	HARTLEY CT.		2.3 \$1	REET ADDRESS		
TITLE		DELTERN .	JOH. FL	DELE	7.7	TY-S1-ZIP		
NAME	£ }				3.1 TI 3.2 NA		ं हे लेंग प्रचित्र	Change Addition
STREE	ET ADDRESS					REET ADDRESS		
	-ST-ZIP				3.4 CIT	IY-\$1-ZIP		
TITLE NAME				☐ DELE	TE 4. 1 TI	TLE		Change Addition
	ET ADORESS				4.2 NA	·		<del>-</del> - <del></del>
	ST-ZIP					REET ADDRESS		
TITLE		+		DELF1		Y-ST-ZIP	COMPAGE	The state of the s
NAME	}				5.2 NA		60000185 -06/07/96010	>>> ⇒ Septenge ☐ Addition
	T ADDRESS				5.3 STF	REET ADDRESS	***225.00	33***003
CITY-S TITLE	ST-ZIP					Y-ST-ZIP		
NAME				DELE I		i		Change Addition
	T ADDRESS				62 NAM			
CITY-S	ST-21P				5.4.6.22	EE1 ADDRESS (-S1-ZIP	()	6.7.96
14.	do hereby or	ertify that the	e information supplied wit	th this filing is voluntar	rily furnished and d	Oes not qualify f	or the evention at the discount	

certify that the information indicated on this string is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further cath; 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 chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-686-01W