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PROFIT CORPORATION ANNUAL REPORT



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

1996

OCUI Corporation	MENT # F9400	00004239 (9)					
•	Y SPECIAL PROGRAMS,	INC.						* ****
incipal Place	e of Business	Mailing Address			L 1001100 1110 10111 B1011 00111 0011			E LOVIÀ HÀVE LÀBY
500 South Buena Vista Street Burbank Ca 91521		500 S BUENA VISTA STREET BURBANK CA 91531-0340						
		U\$		ļ	3. Date Incorporated or Qualified	3a. Date		•
					08/16/1994	04	<u> [27] 199</u>	
Principal Place of Business		2a. Mailing Address		1	4. FEI Number			Applied For Not Applicable
Suite, Apt.	# oto	26 500 SOUTH BI Suite, Apt. #, etc.	UENA VISTA	STREE				Additional
Suite, Apr.	#, U C.	27			5. Certificate of Status Desired			Required
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
		28 BURBANK, CA			Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i		under s	199.032,
	25 9. Name and Address of Curr	29 91521-0586	30] [SA I	Florida Statutes Yes 10. Name and Address of New R		aent —	
	y, Name and Address of Curr	ieur ueñisteien Wâsur	81 Nar		IV. Hame and Addiess of New A	ogiatorou M	90111	
IODDO	O TOANIC C				(D) O D-111 - C-1111 - C-1111	(a)		
IOPPOLO, FRANK S 4TH FLOOR NORTH			82 Stre	et Address	s (P.O. Box Number is Not Acceptab	ne)		
	UENA VISTA DRIVE		83					
			04 03				DE 7.0	Codo
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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 it 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: MARSHA L. REED SIGNATURE AND TYPES OR PRINTED NAME OF

NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

-(81<u>8) -560</u>-1000 -