

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

APPROVED
AND
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96 MAY 28 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996

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



DOCUMENT # F95000004965

1. Corporation Name

OK PI, INC

Principal Place of Business

Mailing Address

871 OAKLAND PARK BLVD
OAKLAND PARK FL 33311

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	25
Country	Country
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
12/22/1992	4/17/95
4. FEI Number	Applied For
13-2819843	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation FL 33324

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in Block 12 or Block 13 and the date

NOTE: Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
STREET ADDRESS	STREET ADDRESS	2.1 TITLE	2.2 NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
STREET ADDRESS	STREET ADDRESS	4.1 TITLE	4.2 NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
STREET ADDRESS	STREET ADDRESS	6.1 TITLE	6.2 NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 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

Don King

CR2F034 (12/95)