FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # **F96000000547 (7)**

1. Corporation Name
ONCO/COMP, INC.

Principal Place of Business
P.O. BOX 366
RIVERSIDE PA 17868

Mailing Address
P.O. BOX 366
RIVERSIDE PA 17868-0366

3. Date Incorporated or Qualified: 02/01/1996
3a. Date of Last Report:

2. Principal Place of Business
21 7879 MANOR FOREST BLVD
Suite, Apt. #, etc.
22
City & State
23 LAKE WORTH, FL
Zip 24 33462 Country 25 USA

2a. Mailing Address
26 7879 MANOR FOREST BLVD
Suite, Apt. #, etc.
27
City & State
28 LAKE WORTH, FL
Zip 29 33462 Country 30 USA

4. FEI Number 23-2610529 — Applied For ☐ 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
PHILLIPS, DAWN M
1109 SE WALTON LAKES DR.
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent
81 Name: JOAN L PHILLIPS
82 Street Address (P.O. Box Number is Not Acceptable): 7879 MANOR FOREST BLVD
83
84 City: LAKE WORTH, FL 85 Zip Code: 33462

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 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: Joan L. Phillips — 3/13/97
(Signature of new registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	PHILLIPS, JOAN L	
STREET ADDRESS	PO BOX 366 N/A	
CITY-ST-ZIP	RIVERSIDE PA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	☐ Change ☐ Addition
1.2 NAME	JOAN L. PHILLIPS	
1.3 STREET ADDRESS	7879 MANOR FOREST BLVD	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33462	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joan L. Phillips — 3-13-97 — (561) 963-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #