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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 1   | 996  |  |  | DIVISION O   | F CORP                         | PORATIO  | NS  |   |                              |  |  |   |
|---|--|--|--|--|--------------------------------|--|---|---|------------------------------|--|--|---|
| OCUM<br>Corporation N   |  | G0638  | 37   | (6)  | )                              |  |   |   |                              |  |  |   |
| •   |  | ERAL HOME OF   | E LEHI   | IGH ACRES. IN  | IC.                            |  |   |   |                              |  |  |   |
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| <br>rincipal Place of   | f Business   |  | <br>Má   | ailing Address   |                                |  |   |   |                              |  |  |   |
| 2701 LEE BLY  |  |  |  | 2701 LEE BLVD  |                                |  |   |   |                              |  |  | 100   |
| LEHIGH ACR  | ES FL 33971  |  |  | LEHIGH ACRES FL  | 33971                          |  |   |   |                              |  |  | •. *  |
|   |  |  |  |  |                                |  |   | 3. Date Incorporated or 10/28/1982  | r Qualified                  |  | e of Last R<br>03/21/1   |   |
| Principal Place 2701 Le   |  |  |  | Mailing Address  | <b>1</b> 114                   | ı  |   | 4. FEI Number 59-229594!  | 5.                           |  | <b>├</b> ─-+   | Applied For   |
| Suite, Apt #,   | ee Blvd.   |  | 26   | 2701 Lee<br>Suite, Apt. #, etc.  | PTAG                           | •  |   |   |                              |  |  | Not Applicable Additional                                       |
|   |  |  | 27   |  |                                |  |   | 5. Certificate of Status  | Desired                      |  |  | Required  |
| City & State  |  |  |  | City & State   |                                |  |   | 6. Election Campaign F  | -                            |  |  | O May Be  |
| Lehigh<br> <br> Zip   | Acres,   | Florida<br>Country   | 28   | Lehigh Acr   |                                | Flor:<br>Country   | ida   | Trust Fund Contribut  8. This corporation has   |                              |  |  | d to Fees   |
| 3397  | 1 25   | Lee  | 29   | 33971  | 30                             | Lee  |   | Florida Statutes  |                              | Intangibie i                                 | ION UNIUM S  | 199.002,  |
|   | · · ·  | Address of Curren  | t Regis  |  | ·                              |  |   | 10. Name and Address  | s of New A                   | legistered                                   | Agent  |   |
|   |  |  |  |  |                                | 81   | Name  |   |                              |  |  |   |
|   | son, ronal<br>E blvd.  | אט   |  |  |                                | 82   | Street Add  | fress (P.O. Box Number is No  | ot Acceptab                  | de)  |  |   |
|   | ACRES FL 3   | 3971   |  |  |                                | 83   | <del></del>   |   |                              |  |  |   |
|   | 7,01,20 12 1   |  |  |  |                                |  |   | · · · · · · · · · · · · · · · · · · ·   |                              |  | 1001 0   | - 6 - 1   |
|   |  |  |  |  |                                |  |   |   |                              |  | 85   Zi  | p Code  |
| or registered<br>familiar with,<br>IGNATURE   | d agent, or both<br>, and accept th  | ), in the State of Floric<br>e obligations of, Secti   | da. Such<br>ion 607.                             | i change was author<br>0505, Florida Statuti   | ized by t<br>os.               | the corpo  | oration's boa   | oration submits this statemen<br>and of directors. I hereby acco  | t for the pur<br>ept the app | ointment a                                   | nanging its i  | registered offic<br>1 agent. I am                               |
| or registered<br>familiar with,<br>GNATURE<br>s <sub>i</sub>  | d agent, or both, and accept th  | of Sections 607.0502<br>, in the State of Floric<br>e obligations of, Section<br>that name of registered agricl<br>OF FICERS AN  | da. Such<br>ion 607.<br>and the Ka               | n change was author<br>0505, Florida Statuti<br>applicace (0<br>DTORS  | ized by t<br>os.<br>NOTE Regis | above-n<br>the corpo   | named corpo<br>oration's boa  | oration submits this statemen<br>and of directors. I hereby accor-<br>ed when reinslating?<br>ADDITIONS/CHANG | ept the app                  | pose of chointment a                         | nanging its i<br>s registered<br>D DIRECTO                       | DRS IN 12   |
| or registered<br>familiar with,<br>GNATURE<br>St.   | d agent, or both, and accept the building typed or presented or presen | n, in the State of Floric<br>e obligations of, Secti<br>ated name of registered agend<br>OFFICERS AN   | da. Such<br>ion 607.<br>and the Ka               | i change was author<br>0505, Florida Statuti<br>applicació (   | ized by tos.                   | e above-n<br>the corpo<br>silered Agent<br>13.   | named corpo<br>oration's boa  | ard of directors. I hereby acce   | ept the app                  | pose of chointment a                         | nanging Its i<br>s registered                                    | i agent. I am   |
| or registered<br>familiar with,<br>GNATURE<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature<br>Signature | d agent, or both, and accept the suralized typed or pro-<br>STD MATHEN   | n, in the State of Floric<br>e obligations of, Secti<br>nted name of registered agrid<br>OFFICERS ANI  | da. Such<br>ion 607,0<br>and tilk-ina<br>D DIREC | n change was author<br>0505, Florida Statuti<br>applicace (0<br>DTORS  | ized by t                      | above-n<br>the corpo<br>istered Agent<br>13.<br>1 1 TITLE<br>1 2 NAME  | named corpo<br>oration's boar<br>it signalize require   | ard of directors. I hereby acce   | ept the app                  | pose of chointment a                         | nanging its i<br>s registered<br>D DIRECTO                       | DRS IN 12   |
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