

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G15684**

(5)

1. Corporation Name

OJM DEVELOPMENT, INC.



Principal Place of Business

**8865 SW 104TH LANE
OCALA FL 34481
US**

Mailing Address

**8865 SW 104TH LANE
OCALA FL 34481
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

**GHUMMAN, KULBIR
8865 S.W. 104TH LANE
OCALA FL 32676**

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 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature) Sign the printed name of registered agent, if not the registered agent.

(Print) Sign only if Agent is not the registered agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GHUMMAN, KULBIR	
STREET ADDRESS	8865 SW 104 LANE	
CITY, ST, ZIP	OCALA FL	
TITLE	ST	☐ DELETE
NAME	BELL, JAMES A.	
STREET ADDRESS	8865 SW 104TH LANE	
CITY, ST, ZIP	OCALA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		☐ DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		☐ DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		☐ DELETE

13.

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	☐ Change ☐ Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	☐ Change ☐ Addition
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	☐ Change ☐ Addition
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state 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 or person 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:

James A. Bell **JAMES A. BELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

(35) 854-6210

CR2E034 (12/95)