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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	90 41 19		DIVISION C	JI CONFOR	ranona					
OCUN Corporation	MENT #	G6099	3	(4)						
/	A CAPITAL CO	RPORATION									
ncipal Place	of Business		Mairoa	Address							
•	N OAK CENTRE DR.		_								
LONGWOOD				O CROWN OAK (NGWOOD FL 32			•				
Drivers Div			T*:=		-		3. Date Incorporated or Qu 09/23/1983	ualified	3a. Date	of Last F 5/01/1	
Principal Plat	ce of Business		2a. Mai 26	Ing Address			4. FEI Number 59-2343160				Applied For
Suite, Apt. #	, etc.		}1	e, Apt. #, etc.							Not Applicable
			27				5. Certificate of Status Des	ired			Additional Required
City & State				& State			6. Election Campaign Finar	noing			O May Be
Zıp	Cour	ptn.	28			 	Trust Fund Contribution	···		Adde	d to Fees
. 10	25	Titry	Zip 29		30 Cou	ntry	This corporation has liab Florida Statutes		tangible tax	under s	199.032,
	9. Name and Add	ress of Current F		Agent			10. Name and Address of	<i>-</i> 10		gent	
						81 Name				<u>-</u>	
	JACK W., ESQ.					82 Street Add	Iress (P.O. Box Number is Not Ac	centable	1		
	OWN OAK CENTI	re dr.							,		
LUNGW	OOD FL 32750					83					
						84 City				85 Zij	Code
						OT OILY					
	the provisions of Se d agent, or both, in the and accept the obli					In provide series	ration submits this statement for ard of directors. I hereby accept the	the purpo he appoir	FL ose of chan ntment as re	ـــلِــا	egistered offic agent. I am
familiar with		gations of, Section	607.0505,	Florida Statute	OTE Rugistered	In provide series	of directors. I hereby accept the	he appoir	ose of chan ntment as re	ging its r egistered	agent. I am
familiar with	and accept the obli	gations of, Section	607.0505,	Florida Statute	OTE Registered	ve-named corpo orporation's boa Agent signature require	ard of directors. I hereby accept ti	he appoir	DATE	ging its registered	agent. I am
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SIGNATURE AND VIEW OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR 4-10-94 407-331-8004