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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

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OCUI Corporation	MENT #	H22774	4	(4)						
	AL CORP.									
712,101								ANI RALI DURA DIL		
rincipal Place	of Business		Mailing Address			·-···				
1798 HERCULES AVE			1798 HERÇUL	LES AVE						
CLEARWATE	R FL 34625		CLEARWATER	FL 34625						
							 Date Incorporated or Qualified 09/26/1984 	1	of Last R	•
. Principa' Pla -	ace of Business		2a. Mailing Addr	ess			4. FEI Number			Applied For
l Suite, Apt. ≢	#, etc.		26	. etc.		·····	59-2446034			Not Applicable Additional
]			27				5. Certificate of Status Desired		•	Required
City & State			City & State			, , , , , , , , , , , , , , , , , , , ,	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	F1	untry	Zip		Country		8. This corporation has liability for		x under s	199.032,
	25 9 Name and A	ddress of Current F	29 Registered Agent	30	<u> </u>		Florida Statutes 10. Name and Address of New	terred .	Agent	
					81	Name	IO. Hama and Nadiosa of Hali	Trogratored i	Agoin	
	ND, J. PAUL				82	Street Add	tress (P.O. Box Number is Not Accept	table)		*
	EVELAND ST				83					
CLEARV	WATER FL 33515				63					
					84	City		F* 1	85 Zij	p Code
	o the provisions of S ed agent, or both, in h, and accept the o	Sections 607.0502 ar the State of Florida. bligations of, Section	nd 607,1508, Florid Such change was 1607,0505, Florida	a Statutes, the authorized by Statutes.	e above-na the corpo	•	oration submits this statement for the pard of directors. I hereby accept the ap	FL ourpose of cha opointment as	inging its r registered	egistered offici agent. I am
GNATURE :	Signature typed or printed i	Sections 607,0502 ar the State of Florida, bligations of, Section name of registered agent and OFFICERS AND E	distinguishable DIRECTORS	(NOTE Reg	gisterad Agent 13.	arned corpo ration's boa	oration submits this statement for the part of directors. I hereby accept the appear of the restating in ADDITIONS/CHANGES TO O	DUIPOSE OF CHA DEPOINTMENT AS DATE FEICERS AND	DIRECTO	RS IN 12
Gnature _	Signature typed or printer i	name of registered agent and OFFICERS AND D	i ble if asponable	(NOTE Reg	gistered Agent 13.	arned corpo ration's boa	ed when reinstating)	DUIPOSE OF CHA DEPOINTMENT AS DATE FEICERS AND		
GNATURE _	Signature typed or printed i	OFFICERS AND D	distinguishable DIRECTORS	(NOTE Reg	gisterad Agent 13.	amed corpo ration's boa	ed when reinstating)	DUIPOSE OF CHA DEPOINTMENT AS DATE FEICERS AND	DIRECTO	RS IN 12
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