FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 12 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H50194** **(0)**

1. Corporation Name
OCALA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2903 N. ANDREWS AVE. FT. LAUDERDALE FL 33311	2903 N. ANDREWS AVE. FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/03/1985**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2674386** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 / 2a. Mailing Address 26
Suite, Apt. #, etc. 22 / Suite, Apt. #, etc. 27
City & State 23 / City & State 28
Zip 24 Country 25 / Zip 29 Country 30

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 is liable for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SQUIRE, STEVEN F. ESQ.
500 NORTHEAST 3RD AVE.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	1.1 TITLE	☐ Change ☐ Addition
NAME	**MANCHESTER, BRIAN**	1.2 NAME	
STREET ADDRESS	**2903 N. ANDREWS AVE.**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**FT. LAUDERDALE FL 33311**	1.4 CITY-ST-ZIP	
TITLE	**STD**	2.1 TITLE	☐ Change ☐ Addition
NAME	**MANCHESTER, ROBYN**	2.2 NAME	
STREET ADDRESS	**2903 N. ANDREWS AVE.**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**FT. LAUDERDALE FL 33311**	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Robyn Manchester Sec/Treas 1-10-95 305-563-2810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robyn Manchester

0219140 CP