FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



Sandra B. Mortham

	CORF	ROFIT PORATIONAL REPO 998					FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						May 08 1998 8:00am Secretary of State	
1. (OCUN Corporation I AQUI, IN	Name	H556	155673 (8)										
Principal Place of Business Mailing Address													-{	
1551 SECOND STREET SARASOTA FL 34236 US						POST OFFICE BOX 49168 SARASOTA FL 34230 US							DO NOT WRITE IN THIS SPACE	
~	,					U							3. Date incorporated or Qualified	ı
	Selection of the select	/ Bi				A	-20						05/07/1985	ļ
21	Principal Plac	ce of Busine	886		-	28. M 26	ailing Ad	ddress					4. FEI Number Applied For	ĺ
	Suite, Apt. #,	elc.		· · · · · · · · · · · · · · · · · · ·			ute, Apt	#, etc.					59-2531848 Not Applicable \$8.75 Additional	
22				4.	;	27							5. Certificate of Status Desired Fee Required	l
23	City & State					28	ity & Sta	te					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
24	Zip	2	_	untry	<u> </u>	Z1 29	p		30 Co	untry			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	l
24				dress of Cu			ed Ager	ıt	190				10. Name and Address of New Registered Agent	
AMARNEK, PILAR										81	Name			
1551 SECOND STREET										82	Street	Addres	ess (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34238										83				!
										Ш				
										84			FL 85 Zip Code	
11.	 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S 											l corpor poration	pration submits this statement for the purpose of changing its registered on s board of directors. I hereby accept the appointment as registered	l
	NATURE													ı
12.	Sig	gneture, typed o	r prented	OFFICERS				(NO	TE Register	ed Age	ni signaturi	e required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	6
TITLE		DV						DELETE	1.13	ITLE			☐ Change ☐ Addition	Š
NAME	:	AMARNE							121	IAME				5
	ET ADORESS	1551 SEC									ADDRESS			ŭ
CITY-	ST-ZIP	SARASOT D	IA FL					DELETE	2.17	ITY-SI	T-ZIP	 	Change Addition	à
NAME		AMARNE	K. PIL	AR				P1111	2.21]	C Visings C rection	_
STREE	ET ADDRESS	1557 SEC	OND								ADDRESS			
	ST-ZIP	SARASO1	TA FL					B#1 ===		CITY-S	T-ZIP			
TITLE	1						Ц	DELETE	3.1 T				⊥ ☐ Change ☐ Addition	
STREE	ET ADDRESS								1	IAME TREET	ADDRESS			
	ST-ZIP								1	CITY-S				
TITLE								DELETE	4.1 T				Change Addition	
NAME	- 1									NAME				
	T ADORESS										ADDRESS			
TITLE	ST-ZIP							DELETE	5.1 T	ITY-SI ITLE	1 - ZIP	 	Change Addition	
NAME							_		5.2 N					
STREE	ET ADDRESS								5.3 \$	TREET	address			
	ST-ZIP							DELETE		ITY - ST	r - ZiP	ļ	Character Charac	
TITLE							L	DELETE	6.1 T				Change Addition	
	T ADDRESS										ADDRESS			
	ST-ZW									ITY-SI				

14. I hereby certify that the information supplied with this filing 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 of exemption stated 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 of the receive or tristee 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 attact infinity ith an address.

SIGNATURE:

FILED