

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 7:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J21010 (0)

1. Corporation Name  
OTHONIA, INC.

Principal Place of Business  
861 INDIAN RIVER DRIVE  
COCOA FL 32922

Mailing Address  
861 INDIAN RIVER DRIVE  
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1986  
3a. Date of Last Report: 04/15/1994

4. FEI Number: 59-2693501  
Applied For:  Not Applicable

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 has liability for franchise tax under s. 198.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 300 N. COCOA BLVD.  
Suite, Apt #, etc.  
22  
23 COCOA FL.  
City & State  
24 32922  
ZIP  
25 U.S.  
Country

9. Name and Address of Current Registered Agent  
81 CATECHIS, JOHN A.  
861 INDIAN RIVER DRIVE  
COCOA FL 32922

10. Name and Address of Now Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 \_\_\_\_\_  
Signature (type or print name of registered agent and the filer) (Date) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | PD                   |
| NAME           | CATECHIS, JOHN A.    |
| STREET ADDRESS | 300 U.S. HWY. 1      |
| CITY ST ZIP    | COCOA FL             |
| TITLE          | VP                   |
| NAME           | CATECHIS, BEVERLY S. |
| STREET ADDRESS | 300 U.S. HWY. 1      |
| CITY ST ZIP    | COCOA FL             |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY ST ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY ST ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY ST ZIP    |                      |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | 300001481045  |
| 12 NAME           | -05/09/95--01103--001   |
| 13 STREET ADDRESS | ****400.00 ****200.00   |
| 14 CITY ST ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY ST ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY ST ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY ST ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY ST ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 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 199.02(3)(b), 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 the 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: *Beverly Catechis*  
BEVERLY CATECHIS  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95  
407-631-1601  
Tallahassee, Florida