

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

DO NOT WRITE IN THIS SPACE

DOCUMENT # **J21010** (0)
1. Corporation Name
OTHONIA, INC.

Principal Place of Business Mailing Address
061 INDIAN RIVER DRIVE COCOA FL 32922 **061 INDIAN RIVER DRIVE COCOA FL 32922**

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 filer's fee tax under s. 198.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **300 N. COCOA BLVD.** 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Cocoa FL.** 28
24 **32922** 25 **U.S.** 29 30

9. Name and Address of Current Registered Agent
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 **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 _____
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	Change Addition
12 NAME	300001481045
13 STREET ADDRESS	-05/09/95--01103--001
14 CITY ST ZIP	****400.00 ****200.00
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(9)(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
Date Filer's Office