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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1	996	DIVISIO	ON OF CORPOR	RATIC	DNS				
OCUM Corporation N	Name	17 (8	(8)						
Principal Place o	of Business	Mailing Address							
4327 NO. OCE		*	4327 NO. OCEAN DR.						
4-B		4-B	-						
LAUDERDALE-	BY-THE-SEA FL 33308	LAUDERUALE-B	Y-THE-SEA FL 33	KJUN		3. Date incorporated or Qualified		e of Last Re	
						07/14/1986 4. FEI Number		5/01/199	pplied For
Principal Plac	te of Business	2a. Mailing Addre	88			59-2801511		L-4-	ot Applicable
Suite, Apt. #,	etc.	Sute, Apt. #,	etc.			5. Certificate of Status Desired			Additional
		27				5. Certificate of Status Desired		Fee F	Required
City & State		City & State				6. Election Campaign Financing			May Be
^,	Coto	28		untry		Trust Fund Contribution  8. This corporation has liability for			to Fees
Zip	Gountry 25	Zipi [29]	30	centry			intangiois t	dx Unider 5	195.002,
	9. Name and Address of Cur		1001	Τ		10. Name and Address of New	Registered	Agent	
				81	Name:				
HANSEN	GAYLE			82	Street Add	Iress (P.O. Box Number is Not Accepta	ole)		
	. 33RD CT.			83	ļ				
APT. 4B									
FORT LAUDERDALE FL 33306					City			85 Zu	Code
GNATURE	a, and accept the obligations of, S			i Ajri	nt agrative super	er stro techting	ĎAŬ.		
		AND DIRECTORS	13			ADDITIONS/CHANGES TO OF		DIRECTO  Change	RS IN 12
LE	DP CAVIE	☐ DELE		THUE				☐ Griange	☐ weamon
ME	HANSEN, GAYLE 2881 NE 33RD CT., #4B			NAME CTUCLI	F ADDRESS				
HET ADDRESS Y-ST-ZIP	FT. LAUDERDALE FL				ST ZIP				
1-51-41r	11. DIOULIUMAL IL	DELE		TIFLE	31 211			Change	Addition
νE			22	NAMŁ					
IEET ADDRESS			23	STHEF	LADDRESS				
r-St-ZiP		<u>2</u>			ST-ZIF			— <u> </u>	
_f		DELE		TITLE				Change	Add-tion
ΑE				NAME OZOFO	- Langue				
EET ADDRESS					EL ADDRESS				
r - ST - ZIP .E		DEVE		TIGUE	S'-7P			☐ Change	Addition
ME .		ي	l l	NAME					
EET ADDRESS			4.3	SIHEL	1 ADDRESS				
Y - ST - ZIP				CITY -	ST-ZIP				
.E	<del>-</del>	☐ DEFE		TULE				Change	Addition
†E			1	NAMÉ					
*1 ADDRESS					L ADDRESS				
ST - ZIP		☐ DELE		CHY. Tatle	S1-ZIP	A A		Criange	Addition
. T				NAME				Emil Ondrige	
ME REET ADDRESS					1 ADDRESS				
DOLE LA AUBESS II			6.3	⊋1 ∩L f.	. Hatrit da				

14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not quarry for the exemption stated in Section 119.07(3)(a). 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 chapter 607, or unan attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR