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

PROFIT CORPORATION ANNUAL REPORT



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

1996

		1330	(00 N) (5]				
[1.	OCUN Corporation	/ENT Name	# J4636	5	(9)									
	RENTE	CH & AS	SSOCIATES, INC.											
	PEITIE	. O	30001111201 1110											
Principal Place of Business Mailing Address										, , , , , , , , , , , , , , , , , , , ,				
38 SOUTH CAMPBELLTON LANE					38 SOUTH CAMPBELLTON LANE									
PENSACOLA FL 32506 PENSACOLA FL 32506														
									3. Date incorporated or	Qualified		e of Last Re		
									12/08/1986			04/18/19		
L	··				a. Mailing Address				4. FEI Number				pplied For	
21									59-2757258				lot Applicable	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status D	esired			Additional lequired	
22	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				City & State					6. Election Campaign Fir	nancino) May Be
23	· · ·			28	-¬ '					Trust Fund Contribution	-			to Fees
	Zφ				Zip Country				B. This corporation has I	ability for	intangible t			
24		25 29				30				Florida Statutes	☐ Yes	⊠ No		
		and Address of Curren				10. Name and Address	of New F	Registered	Agent					
							81	Name						
BENTZ, ROBERT D.								Street	Addre	ss (P.O. Box Number is Not	Acceptat	(9k		
38 SOUTH CAMPBELLTON LANE														
	PENSAC	COLA FL 3			83									
							84	City				FL	85 Zip	Code
	I. Divini and de	a the mendal	one of Castions 607.0500	and 603	7 1EON Florido Statut	ton the	about r	ampd oc	rnord	tion submits this statement	for the nu			noistared office
'	or registere	ed agent, or	both, in the State of Floric	la. Such	change was authorize	zed by th	ne corp	oration's	board	of directors. I hereby accep	ot the app	ointment a	s registered	agent. I am
ļ	familiar with	h, and accep	of the obligations of, Secti	on 607.0	J5U5, Florida Statute:	S.								
S	GNATURE _	Signature, typed :	or printed name of registered agent	and titic if a	pplicable (N	OTE: Regist	lered Ager	rt signature re	equired y	when reinstating)		DATE	· · · · · · · · · · · · · · ·	
1:	2.		OFFICERS AND	DIREC	TORS		3.			ADDITIONS/CHANGE	S TO OFF	ICERS AN	D DIRECTO	RS IN 12
TIT	ILE	PD			DELETÉ	1	1 TITLE						☐ Change	Addition
N/A	ME BENTZ, ROBERT D.				1.2 NAME									
ST	38 SOUTH CAMPBELLTON LY			LN			1.3 STREET ADDRESS							
	IY-ST-ZIP		COLA FL		FD DELETE		.4 CITY - S	7-71P					<u> </u>	C) Marie
	ſL ξ	SD	ALLE IABIE LI		☐ DEFELE		1 TITLE						Change	☐ Addition
ı	MË		, MARJORIE M.	I & I			.2 NAME							
1	REET ADDRESS 38 SOUTH CAMPBELLTON LI TY-ST-ZIP PENSACOLA FL			LN	N			2 3 STREET ADDRESS						
	TY-ST-7IP	rensa	ILULA FL		□ DELETE		4 CITY-S	i - ZiP					Change	Addition
ı	ME (2 NAME							
ı	REFT ADDRESS					1		T ADDRESS						
1	TY-ST-ZIP						.4 CITY-S							
	TLE		·		☐ DELETE		. 1 TITLE						Change	Addition
1	AME					4	.2 NAME							
st	REET ADDRESS					4	3 STREET	ADDRESS						
C	TV-ST-ZIP						.4 C(TY-S	ST - ZIP				·		
Ti	TLE				☐ DELETE	5	1 THLE						☐ Change	☐ Addition
N/	AME					:	2 NAME							
ST	REET ADDRESS						3 STREET	ADDRESS						
-	1Y - \$1 - 2IP						4 CITY - S	ST-21P	ļ	· · · · · · · · · · · · · · · · · · ·			F7 (b	□ Add±ton
1	ILE				DELETE		S. 1 TITLE						Change	☐ Addition
1	AME .						2 NAME							
1	REET ADDRESS							ADDRESS						
CI	TY-ST-ZIP					1	5.4 CITY - \$	ST-ZIP	L					

14. I do hereby certify that the information supplied with this filing is voluntarly furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/91 904-455-4000

CR2E034 (12/95)