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

PROFIT



FLORIDA DEPARTMENT OF STATE

	PORATION AL REPORT		Sandra B Secretar DIVISION OF C	y of State	IONS				
OCUN Corporation	MENT # J741	70	(8)						
•	ER'S ART, INC.								
rincipal Place	of Business	Ma	ailing Address						
% JOHN BANKER 4656 E. COLONIAL DRIVE ORLANDO FL 32803			% JOHN BANKER 4656 E. COLONIAL DRIVE ORLANDO FL 32803			Date Incorporated or Qualified			
OHDWWO !						3. Date incorporated or Out	ainieo 3a. Dat	05/01/19	95
Principal Pla	ice of Business	2a.	Mailing Address		,	4. FEI Number	L	A	pplied For
11110100110	100 C. Been 1000	26				59-2811721			lot Applicable
Suite, Apt. #	r, elc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desi	red 📋	Fee F	Additional Required
City & State			City & State			Election Campaign Finan Trust Fund Contribution	icing	* -	May Be I to Fees
Zıp	Country	28	Zıp	Coun	ry	8. This corporation has liab		tax under s	199.032,
	25	29		30		Florida Statutes 10. Name and Address of	Yes No	Agent	
	9. Name and Address of Cur	rrent Regis	tered Agent		11 Name	10. Name and Address of	ten registere		
DANIVE	R, JOHN			L		ress (P.O. Box Number is Not Ad	centable)		
	COLONIAL DRIVE			[Street Add	Tess (F.O. Dox 140HDor to 110111			
	DO FL 32803			[13				
				ļ.	34 City		FI	85 Zij	Code
					e-named corpo rporation's boa	oration submits this statement for ard of directors. I hereby accept	the purpose of c	hanging its r is registered	egistered office agent. I am
or register familiar wit	ed agent, or both, in the State of the character of the state of the s	Section 607	.0505, Florida Statutes	and by the or	e-named corpo rporation's boa gent signature requir	ed when reinstating)	the purpose of ci the appointment a		
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14. If do hereby certify that the information supplied with this filing is voluntarily turnished 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.

64 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 407-894-6198