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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 21 PM 0:35

DOCUMENT # **J86780** **(0)**

1. Corporation Name

**OCI ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 283 N. LAKE BLVD.<br>SUITE 165<br>ALTAMONTE SPGS. FL 32701<br>US | P. O. BOX 5398<br>WINTER PARK FL 32790<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1987
3a. Date of Last Report: 07/28/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 283 N. NORTH LAKE BLVD | 26 283 N. NORTH LAKE BLVD |
| Suite, Apt. #, etc.<br>22 SUITE 165 | Suite, Apt. #, etc.<br>27 SUITE 165 |
| City & State<br>23 ALTAMONTE SPRINGS, FL | City & State<br>28 ALTAMONTE SPRINGS FL |
| Zip / Country<br>24 32701 / 25 SEMINOLE | Zip / Country<br>29 32701 / 30 SEMINOLE |

4. FEI Number: ~~59-2884862~~ 65-0314963 — 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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| VAIL, GEORGE F.<br>10 VILLAGE DR., W.<br>OVIEDO FL 32765 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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: (Signature required if registered agent is the Applicant) (Date) (Registered Agent signature required when reinstated) (All)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VSD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | VAIL, GEORGE F. | 12 NAME | |
| STREET ADDRESS | 10 VILLAGE DRIVE WEST | 13 STREET ADDRESS | |
| CITY ST ZIP | OVIEDO FL | 14 CITY ST ZIP | |
| TITLE | PTD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | KAZEMINIA, AMIR | 22 NAME | |
| STREET ADDRESS | 535 LITTLE WEKIVA RD | 23 STREET ADDRESS | |
| CITY ST ZIP | ALTAMONTE SPRINGS, | 24 CITY ST ZIP | |
| TITLE | VD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | FROHLICH, PETER | 32 NAME | |
| STREET ADDRESS | 2111 DADE ROAD | 33 STREET ADDRESS | |
| CITY ST ZIP | FT. PIERCE FL | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 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 119.07(3)(i), 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:** [signature] GEORGE F. VAIL 1/24/95 (407) 332-5110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410728 FP