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Mailing Address

427 WHOOPING LOOP

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J86780 1. Corporation Name

OCI ASSOCIATES, INC.

Principal Place of Business 427 WHOPING LOOP

US US Alating Address 2.0 Mailing Address 3.0 Date Incorporated or Qualified 08/03/1987 3.0 Date Incorporated or Qualified 08/03/1987 3.0 Date Incorporation Submits 3.0 Date 3.0 Date	STE 1825 ALTAMONRE SPRINGS FL 32701		STE 1825	STE 1825 ALTAMONTE SPRINGS FL 32701			DO NOT WRITE IN THIS SPACE			
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City & State City & State	¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					5. Certificate of Status Desired	×	Fee Re	quired	
Zip Country Zip Country Zip Country S. This corporation ones the current year intangible Personal Property Tax. Ves No.		e				6. Election Campaign Financing		\$5.00	мау Ве	
Zip Country Zip Signature Country Zip Signature Change Address of Current Registered Agent	23		28			Trust Fund Contribution	Ш			
9. Name and Address of Current Registered Agent KAZEMINIA, AMIR 427 WHOOPING LOOP STE 1825 ALTAMONTE SPRINGS FL 32701 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an accept the obligations of, Sections 607 0502 and 607 1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an accept the obligations of, Section 607 0502 and 607 1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an adacept the obligations of, Section 607 0502 and 607 1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an adacept the obligation of, Section 607 0502 and 607 1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an adacept the obligation of, Section 607 0502 and 607 1508. Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with an adacept the obligation of the appointment as registered agent and an advantages and the appointment as registered agent. I am familiar with a statement for the purpose of changing its registered agent and an advantage and an advantag		Country	Zip	Cou	ntry	8. This corporation owes the curr	ent year Inta	ngible		
Section Sect	24	25	29	30		Personal Property Tax.		Yes	□No	
KAZEMINIA, AMIR 427 WHOOPING LOOP STE 1825 ALTAMONTE SPRINGS FL 32701 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its 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 agent, and an armilar with, and accept the obligations of, Section 607.0505, Florida Statutus. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE NAME NAZEMINIA, AMIR 13 STREET ADDRESS LONGWOOD FL 32779 TITLE ODELETE 21 TITLE ORGANIA CHANGES LONGWOOD FL 32779 TITLE OBLETE 21 TITLE ORGANIA CHANGES LONGWOOD FL 32779 TITLE OBLETE 31 TITLE OBLETE 31 TITLE ORGANIA CHANGES LONGWOOD FL 32779 TITLE OBLETE 31 TITLE OBLETE 31 TITLE OBLETE 31 TITLE OCHANGE ACTIVIST-2P Change Add ACTIVIST-2P TITLE OCHANGE ASTREET ADDRESS CITY-ST-2P TITLE OBLETE 31 TITLE OCHANGE ASTREET ADDRESS CITY-ST-2P TITLE OBLETE 31 TITLE OCHANGE ASTREET ADDRESS CITY-ST-2P TITLE OCHANGE STREET ADDRESS CITY-ST-2P TITLE OCHANGE STREET ADDRESS ACTIVIST-2P Change Add ACTIVIST-2P TITLE OCHANGE STREET ADDRESS ACTIVIST-2P Change Add ACTIVIST-2P TITLE OCHANGE STREET ADDRESS ACTIVIST-2P TITLE OCHANGE STREET ADDRESS ACTIVIST-2P TITLE OCHANGE STREET ADDRESS ACTIVIST-2P CHANGE STREET ADDRESS ACTIVIST-2P	'	9. Name and Address of	Current Registered Agent			10. Name and Address of New I	Registered A	\gent	_	
427 WHOOPING LOOP STE 1825 ALTAMONTE SPRINGS FL 32701 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the approase of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signiture, typed or printer name of registered agent ag					81 Name					
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	44 44	certify that the information sub-	plied with this filing does not qualify	y for the exe	mption stated i	in Section 119.07(3)(i), Florida Atatutes	further cert	ify that the i	nformation	
14. Thereby certify that the information supplied with this filling depth is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or director of the corporation or the receiver or trustle employered to execute this report as required by Chapter 607, Foriga Statutes; and that my name appears in	indicated	on this annual report or supple	emental annual report is true and a	ccurate and	that my signat	ture shall have the same legal effect as	f made unde	r oath; that I	am an	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR