| CORP ANNUA | ROFIT PORATION AL REPORT 996 | | | A DEPARTMEN Sandra B. Morth Secretary of St ION OF CORPO | nam ate | | | | |
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| OCUN Corporation M | 1ENT # Name | K2555 | 9 (| 1) | | | | | |
| BOYNTC | on beach a | uto tag ag | ENCY INC. | | | | | | |
| incipal Place o | of Business | | Mailing Address | | | | 1011 11111 011 111 | | |
| 5800 N. FED. 1 BOCA RATON | | | 5800 N. FED. I BOCA RATON | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 06/07/1988 | 3a. Date d | of Last Rep 30/199 | |
| Principal Plac | ce of Business | | 2a. Mailing Addr | ess | | 4. FEI Number 65-0127894 | | | pplied For ot Applicable |
| Suite, Apt. #, | , etc. | | Suite, Apt. # | , etc. | | 5. Certificate of Status Desired | | | Additional equired |
| City & State | | ····· | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | ++ | May Be to Fees |
| Zip | 25 | Country | Zip 29 | 30 | Sountry | 8. This corporation has liability for i Florida Statutes I Yes | intangible tax | under s | 199.032, |
| | | Address of Currer | t Registered Agent | | 81 Name | 10. Name and Address of New R | legistered A | gent | |
| | | | | | | | | | |
| | BELINE FEDERAL HWY ATON FL 33483 | | | | 82 Street Add | fress (P.O. Box Number is Not Acceptat | | | |
| 5800 N. F BOCA RA | FEDERAL HWY ATON FL 3348 | 1 | 2 and 607.1508, Floric | la Statutes, the a | 83 84 City | vetion or knots the statement for the pu | FL Prose of char | noing its re | Code igistered office |
| 5800 N. I BOCA RA Pursuant to or registere familiar with SNATURE | FEDERAL HWY ATON FL 3348 | f Sections 607.0502 in the State of Flori obligations of, Sect | da. Such change was tion 607.0505, Florida t and the 4 applicable | NOTE: Regist | 83 84 City | oration submits this statement for the pu ard of directors. I hereby accept the app | FL rpose of char ointment as r | nging its re registered | gistered offici agent. I am |
| Statu References | FEDERAL HWY ATON FL 3348 b the provisions o bd agent, or both, h, and accept the Signature, typed or print | f Sections 607,0502 in the State of Flori obligations of, Sect ad name of registered agen OFFICERS AN | da. Such change was tion 607.0505, Florida | (NOTE: Regist (NOTE: Regist LETE 1 | 83 84 City above-named corporation's boa ered Agent signature require 3. 1 THLE | pration submits this statement for the pu and of directors. Thereby accept the app | FL rpose of chai ointment as i DATE TICERS AND | nging its re registered | gistered offici agent. I am |
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