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PROFIT CORPORATION ANNUAL REPORT



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

	1996	600 W1 15	DIVISIO	N OF CORPORATIONS				
OCU Corporation	MENT #	K3575	6 ([.]	1)				
	THEASTERN C	REDIT CORP.						
rincipal Place	e of Business		Mailing Address			IEET DININ ENJ DI	ON EURIT BARIL A	TON BIDIN BIRIN 198
	VN OAK CENTRE DR DD FL 32750	1.	520 CROWN O/ LONGWOOD FL					
					3. Date Incorporated or Qualit 09/30/1988	fied 3a. [Date of Last F 05/01/1	-1
Principal Pl	lace of Business		2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	<u></u>	77,7	Applied For
Suite, Apt.	# oto		26		59-2911016			Not Applicable
doite, Apr.	#, etc		Suite, Apt. #, etc 27	S.	5. Certificate of Status Desired	a []		5 Additional Required
City & State	e		City & State		6. Election Campaign Financia	ng		00 May Be
			28		Trust Fund Contribution	L.]	Adde	ed to Fees
Zip	25	ountry	Zip	Country	8. This corporation has liability			199.032,
-		ddress of Current R	29 tegistered Agent	[30]	Florida Statutes 10. Name and Address of Ne	Yes X No		
				81 Name				
	S, JACK W.			82 Street Ad	dress (P.O. Box Number is Not Acce	ntable)		 -
520 C	ROWN OAK CEN	itre drive		<u> </u>				
LONG	WOOD FL 32750			83				
				84 City			. 85 Z	ip Code
Pursuant t	to the provisions of S	Sections 607 0602 on	d 607 4600 Ft- day 0			F	 	
familiar wit	ou agont, or both, in	TURE STATE OF FIORIDA.	G 607.1508, Florida St Such change was auth 607.0505, Florida Stat	BOUZED DV THE COMOMISTION'S NO:	oration submits this statement for the aard of directors. I hereby accept the	e purpose of appointment	changing its as registered	registered offici diagent. Lam
familiar wit	th, and accept the o	TURE STATE OF FIORIDA.	Such change was autr 607.0505, Florida Stat	TOTIZED BY THE CORPORATION'S BOOM UTES. [NOTE: Registered Agent signature required.)	and of directors. Thereby accept the	appointment	as registered	d agent. I am
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SIGNATURE: __

SIGNATURE AND TOPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TOPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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