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

APPROVED AND FILED
95 APR 19 AM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K89212 (0)

1. Corporation Name
OCS CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
%NATALIE STILES 135 W CENTRAL BLVD #840 ORLANDO FL 32801	%NATALIE STILES 135 W CENTRAL BLVD #840 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/18/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2938907 ☐ 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

STILES, NATALIE
135 W CENTRAL BLVD #840
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STILES, NATALIE	1.2 NAME	
STREET ADDRESS	301 DROSDICK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, J BURT	2.2 NAME	
STREET ADDRESS	918 VERSAILLES CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, KAREN	3.2 NAME	
STREET ADDRESS	918 VERSAILLES CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	BERGON, MERRILL	4.2 NAME	→ DELETE - NO LONGER AN OFFICER OR DIRECTOR
STREET ADDRESS	32 MOUNTAIN RIDGE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRPORT NY	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, MICHAEL	5.2 NAME	
STREET ADDRESS	5263 WELLS CURTICE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANANDAIGUA NY	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, CINDY	6.2 NAME	
STREET ADDRESS	5263 WELLS CURTICE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CANANDAIGUA NY	6.4 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: J. Burton Brown J. BURTON BROWN 2/20/95 407/839-4707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0089084 CP