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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

- 13	996	No. W. Co.	DIVISION OF CO	RPORATIONS			
OCUM Corporation N	ENT #	L19463	3 (3)				
- · · ·	S IN PARAC	DISE, INC.					
rincipal Place of	f Business		Mailing Address		I if Mildei Car taftet affeit arma mit	ING LEIT MENNE LINES AUND I	11611 41611 61611 1261
400 LESLIE D			400 LESLIE DRIVE. #831 HALLANDALE FL 33009	1			
HALLANDALE	FL 33009		HALLANDREE I E 33009		Date Incorporated or Qualified	3a. Date of Last	Report
					09/29/1989	02/20/	
Principal Plac	e of Business		2a. Mailing Address		4. FEI Number		Applied For Not Applicable
			Suite, Apt. #, etc.		65-0153977	\$8.7	5 Additional
Suite, Apt #,	etc.		27		5. Certificate of Status Desired		e Required
City & State			City & State		6. Election Campaign Financing		00 May Be
			28	Oncelo	Trust Fund Contribution 8. This corporation has liability for	Aut	ded to Fees
Zip }	25	Country	Zip [29]	Country 30	Florida Statutes Yes	i □ No	
<u> </u>		Address of Current	T		10. Name and Address of New F	Registered Agent	
				B1 Name			
HOROWITZ, RANDY				82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
	NCOLN WAY			83			
COOPE	R CITY FL 330)26				los (Zip Code
				84 City		FL ~	Zip Code
11. Pursuant to or registered	the provisions of d agent, or both, and accept the	f Sections 607.0502 a in the State of Florida obligations of, Sectio	and 607.1508, Florida Statutes, a. Such change was authorized in 607.0505, Florida Statutes.	the above named corporation's boo	oration submits this statement for the pulard of directors. I hereby accept the app	rpose of changing it pointment as register	s registered office red agent. I am
SIGNATURE		ed name of regist-and agent a	onthoraphace (NOIL	- Ragistereo Agent signature recjeit	oration submits this statement for the purant of directors. I horeby accept the appropriate of directors and the pure statement of t	DATE	
SIGNATURE	signature, typed or printe		onthoraphace (NOIL			DATE	TORS IN 12
SIGNATURES		ed name of registered agent as	ofthe Captions (NOTE:	Ragistereo Agent signature requit	iter: when replatating?	DATE FICERS AND DIREC	TORS IN 12
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1. I do hereby certify that the information supplied with this hing is voluntarily furnished arise does not quality to the exhibit stated in the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or precise 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:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/86 305454

CR2E034 (12/