PROF CORPOR ANNUAL R <b>199</b>	ATION REPORT		FLORIDA DEPART Kathering Secretary DIVISION OF CC	• Harris of State	Feb 13, 1999 8:00am Secretary of State 02-13-1999 90028 027 ****150.00	1
OCUMEN Corporation Name ASK PROPER		943				
incipal Place of Bus I NORTHWEST 13TH ITE B-1 IXCA RATON FL 3348	I STREET	701 SUN	iling Address Northwest 13th Stri Te B-1 CA RATON FL 33486	EET	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/27/1989	
Principal Place of	Business	<u>}</u> ,	Mailing Address		4. FEI Number Applied	o For
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.		\$8.75 Addi	itional
		27				· · · · · · · · · · · · · · · · · · ·
City & State		28	City & State		6. Election Campaign Financing Trust Fund Contribution	
Zip	Country		Zip	Country	8. This corporation owes the current year Intangible	
	25	29		30	Personal Property Tax. Yes 10. Name and Address of New Registered Agent	NO
9. 1	Name and Address	s of Current Regist	tered Agent	81 Name	10. Nume and 1	•
	). ALAN			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
KLASFELD						
701 N.W.	13TH STREET, A				·····································	
701 N.W.				83		
701 N.W. BOCA RAT	13th Street, A Ion FL 33486-93	305	07.1508, Florida Statute la. Such change was au Section 597.0505, Flori	84 City	rporation submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as regist	istered
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701       N.W.         BOCA       RA1         office or register       agent. I am familier         IGNATURE       Signature         IGNATURE       Signature         IGNATURE       PD         KLA       701         REET ADDRESS       701         TTLE       DS         MME       KLA         TREET ADDRESS       RUA         TTY-ST-ZIP       BOC         TTLE       DT         AME       KLA         TREET ADDRESS       TO1         TTY-ST-ZIP       BOC         TTLE       AME         TREET ADDRESS       TO1         TREET ADDRESS       STY-ST-ZIP         TTLE       AME         STREET ADDRESS       STY-ST-ZIP         TTLE       AME         STTY-ST-ZIP       TTLE         AME       STY-ST-ZIP         TTLE       AME         STY-ST-ZIP       TTLE         AME       STY-ST-ZIP         TTLE       AME	TON FL 33486-93 provisions of Sections red agent, or both, illing the with, and accept red agent, or both, illing red or printed withe o OF SFELD, ALAN N.W. 13TH ST. S CA RATON FL SFELD, JON N.W. 13TH ST. S CA RATON FL SFELD, ILENE NW. 13TH ST #	005 ons 607.0502 and 60 n the State of Florid the obligations of fregistered agent to title I FICERS AND DIRE S-B1	A SUCH CHAINE WAS AD	B4       City         s, the above-named co         thorized by the corporated Statutes.         Registered Agent signature required         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE         6.2 NAME	FL         rporation submits this statement for the purpose of changing its regist tion's board of directors. I hereby accept the appointment as regist in 19/99         ired when reinstating)         DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         Change         Change         Change         Change         Change         Change         Change	istered lered
701 N.W. BOCA RAT BOCA RAT 1. Pursuant to the office or register agent. I am fami signatur 2. TLE AME TREET ADDRESS AME TREET ADDRESS AME	TON FL 33486-93 provisions of Sections red agent, or both, illing the with, and accept red agent, or both, illing red or printed withe o OF SFELD, ALAN N.W. 13TH ST. S CA RATON FL SFELD, JON N.W. 13TH ST. S CA RATON FL SFELD, ILENE NW. 13TH ST #	005 ons 607.0502 and 60 n the State of Florid the obligations of fregistered agent to title I FICERS AND DIRE S-B1	A SUCH CHAINE WAS AD	B4       City         s, the above-named co         thorized by the corporated a Statutes.         Registered Agent signature required         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4. CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         5.1 TITLE         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         5.1 TITLE         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP         6.1 TITLE	FL         rporation submits this statement for the purpose of changing its regist tion's board of directors. I hereby accept the appointment as regist in 19/99         ired when reinstating)         DATE         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         Change         Change         Change         Change         Change         Change         Change	Addition