FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



PROFIT CORPORATION ANNUAL REPORT 1998		FL	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Jan 15 1998 8:00an Secretary of State	
	OCA, INC. B of Business E WAY		(7) Idress ACHE WAY TON FL 33433			IN 1HIS SPACE
2. Principal Pi	ace of Business	28. Mailing 26	Address		01/18/1990 4. FEI Number 65-0162654	Applied For Not Applied 88.75 Additional
City & State		27 City 8 :	·		Certificate of Status Desired Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country 25 9. Name and Address of	28 Zip		Country	Trust Fund Contribution Trust Fund Contribution This corporation owes or has parents of Personal Property Tax due June Name and Address of New Re	30. Yes No
SIGNATURE	m familiar with, and accept th			ida Statutes. Registered Agent signature requ	iired when reinstalling)	DATÉ
12.	OFFICE	RS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	DP		DELFTE	1.1 MILE		Change Add
NAME	ROSALIA, MICHAEL 7395 PANACHE WAY			1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL			1.3 STREET ADDRESS 1.4 CITY- ST- ZIP		
TITLE	DVP		DELETE	2 1 11TLE		Change Add
NAME	ROSALIA, SANDRA			22 NAME		
STREET ADDRESS	7395 PANACHE WAY			2.3 STREET ADDRESS		
OTY-ST-ZIP	BOCA RATON FL		DELETE	2. 4 CHY+S1-ZIF		Change Add
TTLE {		l	0,16	3 1 TITLE		□ cuange □ Acc
IAMF [3.2 NAME		
				3.2 NAME 3.3 STREFT ADDRESS		
TREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			DELFTE	3 3 STREET ADDRESS 3 4. CHY-ST-ZIP 4 1 THLE		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP TITLE NAME			□ DELFTE	3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4. 2 NAME		Ctrange Add
STREET ADDRESS CITY-ST-ZIP ITLE HAME STREET ADDRESS			DELETE	3.3 STREFT ADDRESS 3.4 CHY-SI-ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Add
STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP				3.3 STREET ADDRESS 3.4 CHY-SI-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-SI-ZIP		
STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE			DELFTE	3.3 STREFT ADDRESS 3.4 CHY-SI-ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP ITTLE HAME STREET ADDRESS CITY-ST-ZIP ITTLE HAME				3.3 STREFT ADDRESS 3.4 CHY-SI-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-SI-ZIP 5.1 THE		
STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE VAME STREET ADDRESS				3.3 STREFT ADDRESS 3.4 CHY-S1-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-S1-ZIP 5.1 THE 5.2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.3 STREET ADDRESS 3.4 CHY-SI-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-SI-ZIP 5.1 HILE 5.2 NAME 6.3 STREET ADDRESS		Change Add
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			□ DELETE	3.3 STREET ADDRESS 3.4 CHY-S1-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-S1-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP		Change Addi
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			□ DELETE	3.3 STREFT ADDRESS 3.4 CHY-SI-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-SI-ZIP 5.1 HILE 5.2 NAME 5.3 STREET ADDRESS 6.4 CHY-SI-ZIP 6.1 THE		Change Add

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statules. 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 corpolation 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 changes, or on an attachment with an address.