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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N02292

(3)

OCCA,								
	INC.							
Principal Place	of Business	Mailing Address] 		
Principal Place of Business 1900 N. MILLS AVE STE. 6 ORLANDO FL 32803 Mailing Address 1900 N. MILLS AVE ST ORLANDO FL 32803			TE. 6					
					3. Date Incorporated or Qualifier 03/29/1984		e of Last P 01/26/19	95
2. Principa! Pla 21	ace of Business	2a. Mailing Address			4. FEI Number 59-2416916			pplied For ot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional equired
City & State)	City & State			6. Election Campaign Financing			May Be
23 Zip	Country	28 Zip	Cour	nty	Trust Fund Contribution 8. This corporation has liability f	or intangible ta	x under s.	to Fees 199.032,
24	25	29	30		Florida Statutes	Yes 🔲		
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of Nev	registered /	-yent	
			Ţ					
RONEY,			ľ	82 Street A	rld-ess (P.O. Box Number is Not Accep	table)		
	MILLS AVE., STE. 6			B3				
ORLAND	O FL 32803			53				
			ľ	84 City		FL	85 Zip	Code
	60 1 617,0700	and 017 1500 Florido Ptotul	too the sho	no nomod con	poration submite this statement for the		nging its re	egistered office
11. Pursuant	to the provisions of Sections 617.0502 ed agent, or both, in the State of Flori	da. Such change was authoriz	res, the above	ver-hameu con	poration saprills this statement for the	popointment as	registered	agent. I am
OI TEGISTEI			zea by the c	orporation s o	today of directors. Thereby thecept the c			
familiar wi	ith, and accept the obligations of, Sect	ion 617.0503, Florida Statute	s.	orporation's o	JOSEG OF GREEKING THOROUGH ENGLISHED C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
familiar wi	th, and accept the obligations of, Sect	ion 617.0503, Florida Statute:	s. 			DATE		
familiar wi	th, and accept the obligations of, Sect Stawlure, typed or printed name of registered agent	and little if applicable (N	S. OTE: Registered		jukari when runstatingi ADD TIONS/CHANGES TO 0	DATE		
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SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AN	rand litte if applicable (NO DIRECTORS)	OTE Registered	Agent signature ren	jurad when runstatingi	DATE DI FICERS ANE	DIRECTO	RS IN 12
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. 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)(k). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on art attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFISER OR DIRECTOR

Lark Walters, tres,

-31-96 407-281-9452

Daytime Phone #