

FILE NOW: FILING FEE IS \$61.25

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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02292** (3)

1. Corporation Name
OCCA, INC.



Principal Place of Business 1900 N. MILLS AVE., STE. 6 ORLANDO FL 32803	Mailing Address 1900 N. MILLS AVE., STE. 6 ORLANDO FL 32803-1444
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1984		3a. Date of Last Report 03/05/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2416916		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RONEY, JOY 1900 N. MILLS AVE., STE. 6 ORLANDO FL 32803				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WATTERS, CLARK	1.2 NAME	
STREET ADDRESS	897 OAK MANOR CR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	GMD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RONEY, JOY	2.2 NAME	
STREET ADDRESS	350 SYLVAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TROUTMAN, RUSSELL	3.2 NAME	
STREET ADDRESS	311 W FAIRBANKS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ALDEA, LILIA	4.2 NAME	
STREET ADDRESS	200 ST. ANDREWS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	POLAKOFF, LILY	5.2 NAME	
STREET ADDRESS	4925 LINDSAY CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FOOTE, ROGER	6.2 NAME	
STREET ADDRESS	7600 SOUTHLAND BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Clark Watters Pres.* 1-21-97 260-9700

CR2E037 (9/96)