Principal Place of Business  2a. Mailing Address 25  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Requir  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation has liability for intangible tax under s. 199 Florida Statutes  Yes  Not Ap  ## 6. Election Campaign Financing Added to Fee Requir  Added to Fee Requir  Financing Added to Fee Requir  Trust Fund Contribution  Added to Fee Requir  To Country  B. This corporation has liability for intangible tax under s. 199 Florida Statutes  Yes  Not Ap  ## 700NEY, KENNETH H  ## 10 S TRASK ST  TAMPA FL 33611	CORP	NPROFIT PORATION AL REPORT 996 7-0-96	FLORIDA DEPARTM Sandra B. M Secretary o	fortham of State			
Incigal Place of Business Prival is Street Address	OCUN Corporation I		931 (4)				
Tris Let STREET AMPA FL 33005  Suite. April #, etc.  29. Mailing Address 26. Suite, April #, etc.  27. City & State  29. Suite, April #, etc.  27. City & State  29. Suite, April #, etc.  20. City & State  21. City & State  22. City & State  23. Suite, April #, etc.  24. Feel Number  38. 75 Available  25. City & State  26. Election Campaign Francing  38. 30. On the City of Privile State Address of Nove Registered Agent  39. Name and Address of Current Registered Agent  30. Name and Address of Current Registered Agent  30. Name and Address of Nover Registered Agent  31. Pursuant to the provisions of Sections 617 6502 and 617 6505, Fibrida States and the suit of Corporation Internsity is statement for the purpose of changing its registered agent or both, in the Clibs of the Corporation Statutors  30. City FL Bett Address (P.O. Box Number is Not Acceptable)  30. City FL Bett Address (P.O. Box Number is Not Acceptable)  31. Pursuant to the provisions of Sections 617 6502 and 617 6505, Fibrida States and the suit of Corporation Internsity is statement for the purpose of changing its registered agent or both, in the Clibs of the Corporation Statutor of Directors in the Previous of the purpose of Changing its registered agent or both, in the Clibs of the Corporation Internsity is statement for the purpose of Changing its registered Agent  31. First Agent Agent agency where receiving the designation of the Registered Agent acceptable agent and the Corporation Internsity is statement for the purpose of the purpose of Changing its registered Agent acceptable agent or both, in the Clibs of the Agent Agent acceptable agent or Corporation Internsity is address in Corporation Internsity is add	MISSIC	on for Jesus of Tam	PA, INC.		ANADOLOH WAR HAD ININ WA		
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Principal Place of Business	AMPA FL 336						
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Power   Powe	City & State	1	<u> </u>		Trust Fund Contribution		Added to Fees
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable)  9. Name and Address (P.O. Box Number is Not Acceptable and Acceptable	Zıp	<del></del>	<u> </u>	¬ ·			under s. 199.032 No
ROONEY, KENNETH H 4610 S TRASK ST TAMPA FL 33611  1. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its region office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as regis agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent at am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent ignature required when terrolating)  DATE  DATE  PD  OFFICERS AND DIRECTORS  1. TILLE  DELETE  1. TILLE  DELETE  1. TILLE  DELETE  1. TILLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TAMPA FL  1. STAMPA		9. Name and Address of Cur	120		10. Name and Address of New Re	gistered Age	ent
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14. If 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 State of the state of the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal tender or 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 tender or the certified or the certified state of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida State and the certified or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida State of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida State of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida State of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida State of the corporation of the	TAMPA  1. Pursuant I office or reagent. I are signed and reservables sirvest address ity-st-zip ittle ame street address city-st-zip ittle street address city-st-zip ittle street address city-st-zip ittle street address city-st-zip ittle name street address street ad	to the provisions of Sections 617. egistered agent, or both, in the Similar with, and accept the of Signature typed or printed name of registere OFFICERS  PD RODNEY, KENNETH H 4610 S TRASK ST TAMPA FL D RODNEY, LORNA 4610 S TRASK ST TAMPA FL D WALDEN, ANN 706 JEFFERSON ST N. WASHINGTON D.	DELETE  DELETE  DELETE  DELETE  DELETE	Registered Agent signature required by the corporated Statutes.  Registered Agent signature required Table 13.  1.1 TITLE  12 NAME  13 STREET ADDRESS  1.4 CITY-ST-ZIP  21 TITLE  22 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  6.4 CITY-ST-ZIP  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFF	DATE  ICERS AND E	anging its registered ment as registered content as registered con