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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

OCU Corporation	MENT # N495	12 (9)			
COM	MUNITY HOUSING INITIAT	IVE TRUST, INC.		 (##	KIRI BIRIN RIBIN RIBIN RIBIN RIBIN RIBIN RABIN IRD
rincipal Plac	e of Business	Mailing Address			
3538 N. HARBOR CITY BLVD. 3538 N. HARBOR CITY MELBOURNE FL 32935 MELBOURNE FL 32935					
				3. Date Incorporated or Qualified 06/23/1992	3a. Date of Last Report 03/15/1995
	flace of Business	2a. Mailing Address 26		4. FEI Number 59-3142633	Applied For Not Applicabl
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30		Yes 🚺 No
74	9. Name and Address of Curre	ent Hegistered Agent		10. Name and Address of New Reg	istereti Agent
*PETRONI, DAVID F *3538 N HARBOR CITY BLVD			81 Name 82 Street	Address (P.O. Box Number is Not Acceptable)	4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MELBO	URNE FL 32935		83 84 City		
			10-41 City		FL 85 Zip Code
familiar wi	to the provisions of Sections 617.050 red agent, or both, in the State of Flo ith, and accept the obligations of, Se			rporation submits this statement for the purpo board of directors. I hereby accept the appoin	-
familiar wi	ith, and accept the obligations of, Ser Structure, typed or printed name of registered ago OFFICERS A	ction 617,0503, Florida Statutes are total applicable INC		poard or directors. I hereby accept the appoin	se of changing its registered offictment as registered agent. I am DATE TRS AND DIRECTORS IN 12
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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: No.

David F. Petroni 3/9/1 407-253-0053