FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

TITLE

STREET ADDRESS

HENRY, JOSEPH N

501 E BAY ST

[1.	OCUN Corporation	MENT # N93000	001511 (5)				· · · · · · · · · · · · · · · · · · ·			
	OPERAT	TION S.T.R.E.E.T.S. INC.								
Pi	rincipal Place	of Business	Mailing Address							BI 11001 1161 1001
١,	2424 MYRTLE	AVE	2424 MYRTLE AVE	2424 MYRTLE AVE						
	JACKSONVILLI		JACKSONVILLE FL 32209							
							3. Date Incorporated or Qualified	3a.	Date of Last	•
	6 711.51-		Ton Marine Address				04/05/1993 4. FEI Number		05/01/1	Applied For
21	, Principai Pia]	ce of Business	2a. Mailing Address 26 P.O. Box 40	244			59-3182400			Not Applicable
-	Suite, Apt. #	, etc.	Suite, Apt. #, etc.	<u></u>	·		Certificate of Status Desired	Ø	\$8.7	5 Additional
22]		27				5. Certificate of Status Desired		Fee	Required
_	City & State		28 Jacksonville	, E1			Election Campaign Financing Total Stand Contribution			00 May Be
23	Zip	Country	28 SUCKSONVIII	Country			Trust Fund Contribution 8. This corporation has liability for			ed to Fees
24]	25	29 32202 3					Yes	_	5. 185.002,
		9. Name and Address of Current	Registered Agent				10. Name and Address of New F	legistere	d Agent	
				81	Name					
BIN-YAHYA, MUHAIMIN A					Street A	Addres	s (P.O. Box Number is Not Acceptat	ole)		
2424 MYRTLE AVE					ļ					
	JACKSO	NVILLE FL 32209		83						
				84	City			F	L 85 Z	lip Code
1	1. Pursuant t	o the provisions of Sections 617,0502 a	nd 617.1508, Florida Statutes, t	he above-	named co	rporat	ion submits this statement for the pu			registered office
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 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										a agent. i am
s	IGNATURE _		.,,					D.176		
<u> </u>	2.	Signature, typed or printed name of registered agent at OFFICERS AND		13.	nt signature re	equired w	then reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS A	ND DIRECT	ORS IN 12
	TLE	EO	DELETE	1 1 TITLE		ED			☐ Change	Addition
N.	AME	BIN-YAHYA, SHAKA M.A.		1.2 NAME		Bir	- SZ 1 - C 1 l.	a M	1, A.	
\$	treet address	2360 KINGS RD		1.3 STREE	T ADDRESS	<u> 3</u> 4	124 MYEHE AVI	Ž	~ ·	
$\overline{}$	ITY-ST-ZIP	JACKSONVILLE FL 32209	Decem	1.4 CITY-1	ST-ZIP	-74	cksonville, FL.	32	Charge	Addition
l .	TLE	DC	DELETE	2.1 TITLE 2.2 NAME	}	DC:	Mar. Herman			
	AME Treet address	MILLER, HERMAN 307 NORTH DAVIS ST.			1 ADDRESS	3 n	7 North Davis	s st	•	
	TY-ST-ZIP	JACKSONVILLE FL 32200		2. 4 CITY-	l			L. 3	220	0
	ITLE	VCD	€ ∂ELEYE	3.1 TITLE		D			Change	Addition
N	AMÉ	ELLIS, THOMAS		3.2 NAME			ruce Jackson	<u>)</u>	- مــد	ساد
S	TREET ADDRESS	314 E. RAY ST. SUITE 1616			T ADDRESS	عِدِ	Morth Day	75 3	2 TY4E	. }
\vdash	ITY-ST-ZIP	JACKSONVILLE FL 32202	ELETE	3.4. CITY-	ST-ZIP	36	acksonutile, f	٠.)	Change	
1	ITLE AME	D TAVIOD CTACEV	Motreit	4.1 TITLE 4. 2 NAME	.				Luj Onarige	☐ regulion
	ame Treet address	TAYLOR, STACEY 1731 N MAIN ST		•	T ADDRESS					
	TY-ST-ZIP	JACKSONVILLE FL 32208	,	4.4 CITY-						
$\overline{}$	ITLE	D	DOELETE	5 1 TITLE					Change	Addition
N	AME	FALLIS, THOMAS G		5.2 NAME	•					
S	TREET ADDRESS	343 E BAY ST			T ADDRESS					
C	ITY-\$1-ZIP	JACKSONVILLE FL 32202		5.4 CITY-	ST-ZIP	ļ				

JACKSONVILLE FL 32202 CITY-ST-ZIP 14. 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 changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CHTY-ST-ZIP

Shaka Bin-Yahya 3-19-96 (904) 358 9108 SIGNATURE:

Change

Addition