FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:27

DOCUMENT # P00418 (4)

1. Corporation Name
OCKAP CORP.

Principal Place of Business	Mailing Address
BELLEVUE AT THIRD HAMMONTON NJ 08037	BELLEVUE AT THIRD HAMMONTON NJ 08037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1983	3a. Date of Last Report: 02/22/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 22-2170717	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

FRIEL, WILLIAM F. III
~~913 E. MAPLE STREET~~
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1301 E. Glen Oak Road

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	CROFT, ARTHUR O.	12 NAME	
STREET ADDRESS	BELLEVUE AT THIRD	13 STREET ADDRESS	
CITY-ST-ZIP	HAMMONTON NJ	14 CITY ST ZIP	
TITLE	~~AS~~	21 TITLE	☒ Change ☐ Addition
NAME	~~GOOGLIO, MARIE~~	22 NAME	Omit
STREET ADDRESS	~~BELLEVUE AT THIRD~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~HAMMONTON NJ~~	24 CITY ST ZIP	
TITLE	AS	31 TITLE	☒ Change ☐ Addition
NAME	FRIEL, MARIE T.	32 NAME	
STREET ADDRESS	913 E. MAPLE STREET	33 STREET ADDRESS	1301 E. Glen Oak Road
CITY-ST-ZIP	N. LAUDERDALE FL	34 CITY ST ZIP	
TITLE	P	41 TITLE	☒ Change ☐ Addition
NAME	FRIEL, WILLIAM F., III	42 NAME	
STREET ADDRESS	913 E. MAPLE STREET	43 STREET ADDRESS	1301 E. Glen Oak Road
CITY-ST-ZIP	N. LAUDERDALE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an X in Block 13.

SIGNATURE: William Friel III Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95 (Date) (305) 973-4101 (Daytime Phone #)

William F. Friel, III P resident