

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00418 (4)

1. Corporation Name
OCKAP CORP.



Principal Place of Business

BELLEVUE AT THIRD
HAMMONTON NJ 08037

Mailing Address

BELLEVUE AT THIRD
HAMMONTON NJ 08037

3. Date Incorporated or Qualified
12/28/1983

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

21 2929 E. Commercial Blvd

Suite, Apt. #, etc.

22 Suite 409

City & State

23 Fort Lauderdale, FL

Zip

24 33308

Country

25 U.S.

2a. Mailing Address

26 2929 E. Commercial Blvd.

Suite, Apt. #, etc.

27 Suite 409

City & State

28 Fort Lauderdale, FL

Zip

29 33308

Country

30 U.S.

4. FEI Number
22-2170717

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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
1301 E GLEN OAK ROAD
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name
Joseph B. Barnes
82 Street Address (P.O. Box Number is Not Acceptable)
2929 E. Commercial Blvd., Suite 409
83
84 City
Fort Lauderdale FL 85 Zip Code
33308

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

Signature, typed name, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

FEB - 1 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
V	CROFT, ARTHUR O.	BELLEVUE AT THIRD	HAMMONTON NJ	<input checked="" type="checkbox"/>
AS	FRIEL, MARIE T.	1301 E GLEN OAK ROAD	N. LAUDERDALE FL	<input type="checkbox"/>
P	FRIEL, WILLIAM F., III	1301 E GLEN OAK ROAD	N. LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-96 (954) 491-1950

CR2E034 (12/95)