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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

15	196									
OCUM Corporation Na		P0869	3	(4)						
BENCO,										
DENCO,	1140.									
ncipal Place of	Business		Mailing A							
3000 PARADISE				PARADISE RD BOX 93147						
P.O. BOX 9314 LAS VEGAS N				VEGAS NV 89109	1		3. Date Incorporated or Qualified	3a. Date of La		t
							01/14/1986	05/01		
Principal Place	of Business		2a. Maili	ng Address			4. FEI Number]		lied For
			26				95-2502038	 9.2	.75 Ad	Applicabl
Suite, Apt. #, e	etc.			e, Apt. #, etc.			5. Certificate of Status Desired	1 1	ee Requ	
Ot 9 Ptoto			[27] City	& State			6. Election Campaign Financing	\$	5.00 M	lay Be
City & State			28	a built			Trust Fund Contribution		dded to	
Zip		Country	Zip		Country	,	8. This corporation has liability for in	ntangible tax und	ers 199	9.032,
•	25		29		30		Florida Statutes Yes 10. Name and Address of New Re		<u> </u>	
	9. Name and	Address of Curren	t Registered	Agent	81	Name	TO. Name and Addition of their			
			54 KB2				ress (P.O. Box Number is Not Acceptab	(a)		
		PORATION COMP	PANY		B2	Street Addr	ess (P.O. Box Number is Not Acceptable			
	ys street				83					
SUITE 10		201			84	City		85	Zip Co	ode
TALLAHASSEE FL 32301						i City		FL "	<u> </u>	- ; ,
. Pursuant to or registered familiar with,	the provisions of agent, or both, and accept the	of Sections 607.0502 n, in the State of Flori e obligations of, Sect	2 and 607.150 da. Such cha tion 607.0505	08, Florida Statut inge was authoriz i, Florida Statute	es, the above ted by the cor s.	named corpor poration's boa	ration submits this statement for the pur and of directors. I hereby accept the appo	rpose of changing ointment as regis	its regis tered agi	ent. I am
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SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF ACHING OFFICER OR DIRECTOR
MANOREY - ASST. Secy.

4/17/96 (702) 699-5034