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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	1996		Secreta DiVISION OF (	CORPORATIONS					
DOCUN 1. Corporation	Name	P34911	(8)		' .				
IKEAL	OCO, INC.								
Principal Place	of Business		Mailing Address			1 100-10061 100 -11641 01010 10101	AIBBI HIBF BIDH	01011 <b>1</b> 1011 010	III BI <del>s</del> ki biski kadi
1001 S 21 S	STREET		PO BOX 10048						
FT. SMITH A			FT. SMITH AR 72917						
US			US			e Incorporated or Qualifier	d <b>3a</b> . Da	te of Last F 04/26/19	
2. Principal Pla		* *	2a. Mailing Address			Number	I		Applied For
21 1101		150 STREET	26			71-0706271			Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc		5. Ger	tificate of Status Desired		<b>*</b>	5 Additional Required
City & State			City & State			ction Campaign Financing st Fund Contribution			00 May Be ed to Fees
Zip <b>24</b>	25	ountry	Ζ(p <b>29</b>	Country 30		s corporation has liability fi ida Statutes 🗹 Y		tax under s	199.032,
	9. Name and A	ddress of Current R	tegistered Agent			me and Address of Nev	v Registere	d Agent	
AT AA	NACH TIALL ALL			81 Nan	10				
	RPORATION SYS . PINE ISLAND F			82 Stre	et Address (P.O. F	Box Number is Not Accept	table)		
	. PINE ISLAND F NTION FL 33324	NUAD		83					
1 - 4117	1110111   000004								
				0.4					
				84 City			F	L 85 Z	ip Code
11. Pursuant to	o the provisions of led agent, or both, in	Sections 607.0502 ar	id 607.1508, Florida Statute Sur hichango was zeithorida	s the above named	Corporation subm	hits this statement for the pure.	purpose of c	L	reaistered office
or registere	ed agent, or both, in	the State of Fiorida.	id 607.1508, Florida Statute Such change was æilhorize 607.0505, Florida Statutes	s the above named	Corporation submits broard of directr	nits this statement for the jors. Thereby accept the a	purpose of o	L	reaistered office
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(501) 185 -6000 Daylor Phone \*