## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business SISS FORMUM PLACE SURE 100 WEST PALM BEACH FL 33401  2. Principal Place of Business 2. A. Mailing Activess 2. B. Mailing Activess 3. Date Incorporated or Qualified 03/16/1993  3. Date Incorporated or Qualified 05/01/1998  C5/01/1998  C5/01/19	֭֭֭֭֭֭֭֭֭֭֭֭֭֡֞֞֟֟֟֟֟֝֟֟֓֓֟֟֟֓֓֓֟֜֟֓֓֓֟֜֟֓֓֓֟֡֓֓֡֓֡֡֡֡֡֓֡֡֡֡	OCUN Corporation STX CO		# F	<b>93000</b> 0	)19										
SUIFE TO WEST PALM BEACH FL 33401  WEST PALM BEACH FL 33401  SUIFE TO WEST PALM BEACH FL 33401  2. Principal Place of Business 2. Marting Address 3. Date Incorporated or Qualified 3st. Date of Leaf Report 05/01/13986  2. Principal Place of Business 2. Marting Address 3. Date Incorporated or Qualified 05/05/01/13986  3. Date Incorporated or Qualified 05/05/01/13986  2. Principal Place of Business 2. Marting Address 3. Date Incorporated or Qualified 05/05/01/13986  4. FEI Number 65-0398707  Nov Application 5-5-0398707  Nov Application	, · · · · · · · · · · · · · · · · · · ·									<u>,,</u>		T theisher tin Inion titli notic object on		IB.IB. (811) (83)	II GLDI IEGI	
S. Date Incorporated or Qualified   3a. Date of Last Report   ColorInt   Color   Col	1 Test tested tested						100									
2. Principal Place of Business 2a. Mairing Address 4. FEI Number Application Suite, Apr. #, etc. 5. Certificatio of Status Desired 58.75 Additional Place Required Fee Required City & State 2. City & State 3. Country 2. Additional Place 3. This country 3. The Fee Required Fee Required Place 3. This country 3. This Fund Contribution 3. Added to Fees Additional Place 3. This country 3. This Fund Contribution 3. Added to Fees 3. This country 3. This Fund Contribution 3. Added to Fees 3. This fund 3. Added to Fees 3. Ad	WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3340								3			3. Data lacornorated or Qualified	39 (	Date of Lagt B	lenort	7
Suite, Apt. #, etc.  Suite, Ap															орон	}
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Conflicate of Status Desired   S8.75 Additional Fee Required	<b>├</b>	Principal Pl	ace of Busi	ness		·	2a. Mailing Address							h		]
27   City & State	21	Suite, Apt.												<del></del>	<del></del>	$\left\{ \right.$
City & State  28  City & State  29  Country  20  Country  20  Country  20  Country  21  Country  22  Country  23  Country  24  25  26  28  30  30  Country  8. This corporation has liability for intangible tay unders s 199 032. Florida Statutes  10. Name and Address of New Registered Agent  BROCK, PETER  1551 FORUM PLACE SUTE 100  WEST PALM BEACH FL 33401  83  Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 807 0502 and 607 1508, Florida Statutos, the above marked corporation submits this statement for the purpose of changing its registered of fixe or registered agent, or both, in the State of Indica. Such change was submitted the provisions board of directors. Hereby accept the appointment as registered of fixe or registered agent, or both, in the State of Indica. Such change was submitted that provisions board of directors. Hereby accept the appointment as registered of Registered agent, or both, in the State of Indica. Such change was submitted that provided by the corporation's board of directors. Hereby accept the appointment as registered of Registered agent, or both, in the State Open Country of the corporation's board of directors. Hereby accept the appointment as registered of Registered agent, or both, in the State Open Country of the corporation's board of directors. Hereby accept the appointment as registered of Registered agent, or both, in the State Open Country of the corporation's board of directors. Hereby accept the appointment as registered of Registered agent, or both, in the State Open Country of the corporation's board of directors. Hereby accept the appointment as registered of Registered agent, or both, in the State Open Country of the Country of t	22	]				) <sub>1</sub>						5. Certificate of Status Desired				
Zip   Country   Zip   Country   Zip   Country   St. This corporation has lability for intangible lay under s. 199.032.   Florida Statutes   Yes   Ye		City & State	\$ State				¬¬ '					, , , ,				]
28   29   30   Florida Statutes   Yos   Yoo   Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of	23	Zip				<del></del>										$\frac{1}{2}$
BROCK, PETER 1551 FORUM PLACE SUITE 100 WEST PALM BEACH FL 33401  83  84 City FL 85 Zip Codo  T1. Pursuant to the provisions of Sections 807.0502 and 607.1508, Fiorida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are taggeted agent, or both, in the State of Fonds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the last remails in the State of Fonds Statutos.  SIGNATURE Signature: Superior protect name of registered agent, and the last remails. (NOT) Tegristered agent	24			<b></b>	,	}	-	<b></b> -	,			Florida Statutes	Yes	No.	. 199.032,	1
11. Pursuant to the provisions of Soctions 607,0502 and 607 1508, Fiorida Statutos, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Frorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutos.  SIGNATURE  Signature, upward prented name of larg stated agent and title 1 arg security.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ORAGE  STREET ADDRESS  OCTY-S1-ZP  WEST PALM BEACH FL 33401  DELETE  1.3 TITLE  D  ORAGE  CRY-S1-ZP  ORAGE  DELETE  DELETE  1.4 TITLE  D  ORAGE  DAME  DELETE  1.5 TITLE  D  ORAGE  Addition  ORAGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ORAGE  ORAGE  CRY-S1-ZP  ORAGE  Addition  ORAGE  Addition  ORAGE  Addition  ORAGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ORAGE  ORAGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ORAGE  ORAGE  TITLE  D  ORAGE  CRY-S1-ZP  ORAGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ORAGE  ORAGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ORAGE  ORAGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ORAGE  ORAGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ORAGE  ORAGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ORAGE  ORAGE  ADDITIONS/CHANGES TO OFF					dress of Current F	legister	ed Agent					10. Name and Address of New R	gistered	Agent		7
SUITE 100 WEST PALM BEACH FL 33401  B3  B4 City FL B5 Zip Code  T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Lorida. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutos  SIGNATURE  Signature  Signature bytes or printed name of registered agent agen	1								81	Name						1
WEST PALM BEACH FL 33401    B3									82 Street Addr			ss (P.O. Box Number is Not Accepta	ble)			1
T1. Pursuant to the provisions of Soctions 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 or printed name of registered agent and title it agrificable. [NOTE Registered Agent, signature: enquired whomereinstating). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  D									83			,				1
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SIGNATURE    Signature typed or printed name of reg stered agric and title 4 at principle   (NOTE Registered Agric signature required when relinstance)   DATE	11 Purplent to the provisions of Castions 607 0500 and 507 4500 Equids Statutes								L	n-named r	corno	ration submits this statement for the			s registered	-
SIGNATURE    Signature typed or printed name of reg stered agric and title 4 at principle   (NOTE Registered Agric signature required when relinstance)   DATE		office or re	egistered ag m familiar w	gent, or b	ooth, in the State of	Florida. ons of, S	Such change was a ection 607,0505, Flo	authorize orida Stat	d by	the corp	oratio	n's board of directors. I hereby acce	pt the ap	pointment as	registered	}
12. OFFICERS AND DIRECTORS  TITLE D D DILETE	ı .	IGNATURE														}
TITLE D   DELETE   DE	1		Signature, typer	d or printed						ent signature :	equired			ID DIRECTOR	IS IN 12	10
STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401  TITLE D BROCK, HERBERT STREET ADDRESS CITY-ST-ZIP TOTLE D Change Addition  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  D Change Addition  1.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TOTLE D BROCK, ANDREW 3.2 NAME 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TOTLE D T	-		_	· ·					TI E							0   0
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CITY-ST-ZIP WEST PALM BEACH FL 33401		1				•		T T		- 1						

I do hereby certify that the information supplied with this filing does not quality 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 address.

SIGNATURE: X

PETERBROCK 4/29/97 561-484-1040

**FILED** 

May 14 1997 8:00am

Secretary of State