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

PROFIT CORPORATION

SIGNATURE:



FLOREDA DE PARTMENT OF STATE Sandra R. Mortham

| 10 | REPORT | | itary of State FICORPORATIONS | , | | | | |
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| OCUMI Corporation N: | ENT # P930 0 | | | | | | | |
| | ER ENTERPRISES, INC. | | | | | | 48: 116: 116: 1 | |
| UI MIOL | FIL PILITIN (NOPO) 1110. | | | | | | | |
| rincipal Place of | Business | Mailing Address | . , ,, ——— · | | - | 114 41 611 44 | | 11 4 01 141 1881 |
| 4206 ST CHARLES DR | | 3950 LANCASTER DRIVE SARASOTA FL 34241 | | | | | | |
| SARASOTA FL US | 34243 | SARASUIN FL 3929 | • | | 3. Date Incorporated or Qualified | 3a. Date | of Last Rep | |
| | | | | | 03/18/1993 | 0 | 4/27/199 | |
| Principal Place | of Business | 2a. Mailing Address | | | 4. FEI Number 65-0400194 | | ļ | opled For of Applicable |
| Pulso Act # etc | | 26 Suite Apt #, etc | | | | | \$8.75 | Additional |
| Suite, Apt. #, 6 | ent. | 27 | | | 5. Certificate of Status Desired | | Fee Re | |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | • | May Be to Fees |
| Zip | Country | 28 | Country | | 8. This corporation has liability for | or intangible to | | |
| · | 25 | 29 | 30 | | Florida Statutes Ye 10. Name and Address of Naw | s No | Agent | |
| | 9. Name and Address of Curre | ent Registered Agent | 81 1 | Vame | 10. Name and Address of New | negistered | Agent | |
| CDANOIT | O OTEVEN | | | | ess (P.O. Box Number is Not Accept | able) | | |
| | er, steven Icaster drive | | 82 8 | Street Addre | ess (F.C). Box Number is not Accept | arne., | | |
| | TA FL 34241 | | 83 | | | | | |
| | | | 84 (| City | | Fì | 85 Zip | Code |
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| | | | | med corpora ation's board | ation submits this statement for the p d of directors. Thereby accept the ap | ourpose of ch appointment a | nanging its re s registered a | egistered offic agent. 1 am |
| or registered familiar with, | the provisions of Sections 607.05(agent, or both, in the State of Fix and accept the obligations of Se | | | med corpora ation's board | ation submits this statement for the p d of directors. Thereby accept the ap | ourpose of ch appointment a | nanging its re s registered a | egistered offic agent. I avri |
| or registered familiar with, | and accept the obligations of Se | esta distribución | tes ikair fa jatearAjeda | | Livias incressing | DAŤE | | |
| or registered familiar with, SIGNATURE: | and accept the obligations of Se | estion 607.0505, Florida Statu estin determina e mai | tes ikuti. Foljetead Apolla 13. | | | DATE DEFICERS AN | D DIRECTOR | RS IN 12 |
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STONING OFFICER ON SHEET STANGLER PRES. 5/13/96 941-359-0622