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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000038761 (1)

OCALA 180 INC

Penerpal Place of Business	Mailing Address			
6401 S.W. 87TH AVE. SUITE 212 MIAMI FL 33173	6401 S.W. 87TH AVE. SUITE 212 MIAMI FL 33173			
			3. Date Incorporated or Qualified 05/26/1993	a. Date of Last Report 01/17/1995
2. Principal Plane of Business	2a. Mailing Address 26		4. FEI Number 65-0432086	Applied For Not Applicable
Suite, Apt. w, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	4 · · • · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zp Country 25	7)n 29	Country 30	8. This corporation has liability or inter Florida Statutes Yes) No
9. Name and Address of Curre	ent negistered Agent	81 Name	10. Name and Address of New Regis	stered Agent
LEVENSTEIN, LEONARD 6401 SW 87 AVE.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
#212 MIAMI FL 33173		B3		
MIAMI FL 331/3		84 City		FL 85 Zip Code
femiliar with and accept the obligations of, Se GNATURE Streduce Spector contidenate of registerings. OFFICERS A		F. Rigisterud Agent signature requir	od when reinstainigh ADDITIONS/CHANGES TO OFFICE!	DATE RS AND DIRECTORS IN 12
PD LEVENSTEIN, LEONARD L. 6401 SW 87 AVE., #212 MIAMI FL 33173	☐ DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		☐ Change ☐ Addition
STD MCKEAN, RANDOLPH A. HE ACCIDIESS 4401 SW 87 AVE. #212 MIAMI FL 33173	☐ DEFE1E	2 1 THE 22 NAME 23 STREET ADORESS 24 CHY-SI-ZIP		Change Addition
F MI MI MITADORESS Y SI-ZO	☐ DELETE	3 1 THLE 32 NAME 33 STREET ADDRESS 34 CHY-SL ZIP		☐ Change ☐ Addition
TE MY CONTRACTOR OF THE CONTRA	☐ DELETE	4 1 THLE 42 NAME 4.3 SIREET ADDRESS 4.4 CITY - ST - ZIP		Change Addition
EF VE BYLADORESS	☐ DELETE	5 1 TITLE 52 NAME 53 STHEET ADDRESS		☐ Change ☐ Addition
1 - \$1 - 70° If M: IE: 1 ADDIRES \(\) 3 - \$1 - 70°	DÉLÉTÉ	5.4 CHY - ST - ZIP 6.1 THE 6.2 NAME 6.3 STREET ADDRESS 6.4 CHY - ST - ZIP		☐ Change ☐ Addition
certify that the information indicated on this an oath; that I am an officur or director of the con	inual report or supplemental annu	shed and does not qualify ual report is true and accur empowered to execute the	for the exemption stated in Section 119.07(rate and that my signature shall have the san is report as required by Chapter 607, Florida	ne legal effect as if made under