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

DOCUMENT # P93000062638 (0)

OCNAIB, INC.

FILED Apr 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address						1 1 100 (166) IOU IDIOU IAIN ODIII ORIIF ODAK	BBIIO BIIID IFF	AD RUSDE HAID		
904-7TH STREE PALMETTO FL		304-7TH STREET WEST PALMETTO FL 34221-5207	304-7TH STREET WEST PALMETTO FL 34221-5207							
						3. Date Incorporated or Qualified 09/03/1993	3a. Date 06/25	of Last R /1996	teport	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For				
21		26				65-0433015	Not Applicable			
Sulte, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat		City & State	26			6. Etection Campaign Financing Trust Fund Contribution Added to Fees				
Zip	<u>├</u> ~ ′			ntry	- The obsportation had little in					
24	25 29 30 30 9. Name and Address of Current Registered Agent				Florida Statutes Li Yes I No 10. Name and Address of New Registered Agent					
2144		r Hegistered Agent		B1	Name	10. Name and Address of New Reg	lierered Wê	OIIL	-···	
BIANCO, ERIC J					rvaine					
	7TH ST. WEST METTO FL 34221					ress (P.O. Box Number is Not Acceptable)				
				83						
i Linguaga			-	84	City		FL	85 Zip	Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	P and 607.1508, Florida Statu of Florida. Such change was itions of, Section 607.0505, Fl	tes, the ab authorized orida Statu	ove- by des.	named corpo the corporatio	oration submits this statement for the proon's board of directors. I hereby accep	urpose of c t the appoi	nanging it itment as	is registered registered	
SIGNATURE	Signature, typed or printed name of registered nget	at and title if anylogiste /NOI	L Banistored	Acen	d e anglue require	d when reinstating)	DATE	en		
12.	OFFICERS AND		13.	T.gc.	a b grande to quality	ADDITIONS/CHANGES TO OFFICE		IRECTOR	IS IN 12	
TITLE	VP	DELETE	1.1 1111	L E				Change	Addition	
NAME	BIÀNCO, ERIC J		1.2 NA	ME						
STREET ADDRESS	7205 ALDERWOOD DR		1.3 \$TF	REF1.A	ADDRESS					
CITY-ST-ZIP	SARASOTA FL		1.4 CIT	Y-\$1	- ZIP					
TITLE	T	DELFTE	2.1 TH	L.E			Ε	Change	Addition	
NAME	Brunson Hugh, Kent		2.2 NAI	ME	l					
STREET ADDRESS	4916 18TH ST E		2 3 516	23 STREET ADDRESS						
CITY-ST-ZIP	BRANDENTON FL	····	2. 4 CII		I-ZIP					
TITLE	S WARDEN						L	_} Change	L Addition	
NAME	WAY, JAMES WARREN I		3.2 NA							
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL	Lloriere	3.4. CIT		1 - ZIP			T Change	Addiso-	
TITLE				1 TITLE			L	_ Change	☐ Addition	
NAME			4.2 NA							
STREET ADDRESS			1		ADDRESS					
CATY-ST-ZIP		DELFTE	4.4 CiT		· ZIP			Change	Addition	
TITLE		[_] bettit	1				L.) oundays	FT WOULD	
NAME OTDEET ADDRESS			5.2 NA/		Approced					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CIT		- 715			Change	Addition	
		LJ OLLLI	6.2 NAM				L-	_ change		
NAME CERTIFICATION					ripor ee					
STREET ADDRESS					ADDRESS }					
City-St-ZiP	by certify that the information supplied	with this filing does not quali	6.4 Dill			in Section 119.07(3)(i). Florida Statules	L further c	ertify that	the	

I do hereby certify that the information supplied with this filing does not qualify 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 incorporation 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 12 it changed, or on an attachment with an address.