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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| ANNUAL REPORT Secretary of State  1996 DIVISION OF CORPORATIONS |                             |   |   |                     |                     |      |         |   |                |   |                      |           |                              |
|---|-----------------------------|---|---|---------------------|---------------------|------|---------|---|----------------|---|----------------------|-----------|------------------------------|
|   | OCUM<br>Corporation N       |   | P9300   | 0070                | 657 (0              | )    |         |   |                |   |                      |           |                              |
|   | SANDRO                      | ose GRC                                 | UP, INC   |                     |                     |      |         |   |                |   |                      |           |                              |
| Pr  | incipal Place of            | Business                                |   | Mailing             |                     |      |         |   | ] ]            |   |                      |           |                              |
| 2870 PEACHTREE RD<br>SUITE 104<br>ATLANTA G 30305<br>US         |                             |   | 2070 PEACHTREE RD<br>SUITE 104<br>ATLANTA G 30305<br>US |                     |                     |      |         | Date incorporated or Qualified     10/04/1993 | 3a. Date o     | f Last Re   |                      |           |                              |
|   | Dringing Plan               | o of Rusiness                           |   | 2a. Mailing Address |                     |      |         |   |                | 4, FEI Number   | 00                   |           | Applied For                  |
| 21  | Principal Place of Business |   |   | 26                  |                     |      |         |   |                | 65-0443664  |                      |           | Not Applicable               |
| 22  | Suite, Apt. #, etc.         |   |   | Sui                 | Suite, Apt. #, etc. |      |         |   |                | 5. Certificate of Status Desired  |                      |           | Additional<br>Required       |
|   | City & State                |   |   | F1 1                | y & State           |      |         |   |                | 6. Election Campaign Financing  |                      |           | <b>0</b> May Be<br>d to Fees |
| 23  | Zip                         | Country 28                              |   |                     | Z <sub>I</sub> p Co |      |         |   |                | Trust Fund Contribution  8. This corporation has liability for Fiorida Statutes Yes   | intangible tax       |           |                              |
| 24  |                             | o Nama a                                | 5<br>nd Address of Curre                                | 29<br>nt Registere  | d Agent             | [30] | T       |   |                | Fiorida Statutes Yes XNo  10. Name and Address of New Registered Agent  |                      |           |                              |
|   |                             | y. Hame a                               | illo Addition   |                     |                     |      | 81      | Name  |                |   |                      |           |                              |
|   | SANDER, STANLEY R 82 Str    |   |   |                     |                     |      |         |   | Addre          | ss (P.O. Box Number is Not Acceptal   | ole)                 |           |                              |
| ļ   | 19707 WATERS POND LN        |   |   |                     |                     |      |         |   | Addre          | 55 (1.10.120.1121.1120.10.1121.1120.10.1120.1121.1121.1120.1121.1121.1121.1120.1121.112 |                      |           |                              |
| 1   | #402                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |                     |                     |      | 83      |   |                |   |                      |           |                              |
| BOCA RATON FL 33434   |                             |   |   |                     |                     |      | 84      | City  |                |   |                      | 85 Z      | p Code                       |
|   |                             |   |   |                     |                     |      |         |   |                | tion submits this statement for the ru  | roces of chan        | oing its  | registered office            |
| ļ   | tamiliar with               | i, and accept                           | the obligations of, Sec                                 | 060.393 1100:       | o, monua otatutes   |      |         |   |                | tion submits this statement for the pu<br>of directors. Thereby accept the app  | , ,,,,,,             | egisterec | d agent. I am                |
| _   | S                           | Ignature, typed or                      | printed name of registered agus                         |                     |                     |      |         | it signature                                  | required       | when reinstating)  ADDITIONS/CHANGES TO OF  | DATE<br>FICERS AND 1 | DIRECTO   | ORS IN 12                    |
|   | Z.                          | P                                       | OFFICERS AN   | ND DIRECTO          | DELETE              | 13   | TITLE   |   | Γ              | ADDITIONS/OFIANGES TO OF  |                      | Change    | Addition                     |
|   | AME                         | SANDER                                  | , RICHARD M   | 464                 |                     | 1.2  | NAME    |   |                |   |                      |           |                              |
| 1 -   | TREET ADDRESS               |   | ACHTREE RD STE  | 104                 |                     |      | CHY-S   | I ADDRESS                                     |                |   |                      |           |                              |
|   | ITY-ST-ZIP                  | V ATLANTI                               | A GA 30305  |                     | DELETE              |      | 1 TITLE | 31-21-  | - <del> </del> | A CANADA TO THE TOTAL TO  |                      | ] Change  | Addition                     |
| 1   | IAMÉ                        | ROSENI                                  | BERG, DAVID S   |                     |                     | - 1  | NAME    |   |                |   |                      |           |                              |
|   | TREE1 ADDRESS               |   | ACHTREE RO STE  | 104                 |                     | 2.3  | STREET  | T ADDRESS                                     |                |   |                      |           |                              |
| 0   | CITY-ST-ZIP                 | ATLANT                                  | A GA 30305  |                     | .,                  |      | CITY-S  |   |                | The state of the s  |                      |           |                              |
| ī   | ITLE                        |   |   |                     | □ DELETE            |      | 1 TITLE |   | M              | TOUNG DETRA   | L                    | ] Change  | Add-tion                     |
| ۱   | IAME                        |   |   |                     |                     |      | NAME    |   | 14             | JOHNS, PETRA<br>870 PEACHTREE F   | RD STE               | 104       |                              |
| 1   | STREET ADDRESS              |   |   |                     |                     | 4    |         | 1 ADDRESS                                     | LA             | MANTA GA 30305  | ,                    |           |                              |
| -   | CITY-ST-ZIP                 |   |   |                     | DELETE              |      | 1 TITLE |   | 1503           | IOTATION OF SUB-S   |                      | Change    | Addition                     |
| -   | TILE !                      |   |   |                     |                     | 1    | 2 NAME  |   | ;              |   |                      |           |                              |
| - 1   | NAME<br>STREET ADDRESS      |   |   |                     |                     |      |         | T ADDRESS                                     | .   :          |   |                      |           | •                            |
|   | CHTY-ST-ZIP                 |   |   |                     |                     | 4    | 4 CHY-  | ST-ZIP  |                |   |                      |           |                              |
|   | TITLE                       |   |   |                     | DELETE              | 5    | 1 TITLE |   | 1              |   |                      | ] Change  | Addition                     |
|   | NAME                        |   |   |                     |                     | 5.3  | 2 NAME  |   | 1              |   |                      |           |                              |
| 1   | STREET ADDRESS              |   |   |                     |                     | 5.   | 3 STREE | 1 ADDRESS                                     | i   ;          |   |                      |           |                              |
|   | CITY - ST - ZIP             |   |   | ,                   |                     |      |         | S1 - 71P                                      | J              |   |                      | 7 Ceanca  | Addition                     |
| 1   | TITLE                       |   |   |                     | DELETE              |      | 1 111LE |   | î              |   | L                    | ] Cnange  | ∟ национ                     |
| 10  | NAME                        |   |   |                     |                     | 6:   | 2 NAME  |   | 1:             |   |                      |           |                              |

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

SIGNATURE:

STREET ADDRESS

RICHARD M SANDER 4/15/96

RICHARD M SANDER 4/15/96

Date

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this general eport or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that I am an officer or director of the observation 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 charge of the observation with an address.

930 933 8740 Dayting Phone \*