SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

OCUM Corporation N SANDIDO	ENT # P9400 GE INSURANCE AGENO	00007307 (9) CY, INC.			
ncipal Place o	f Business	Mailing Address		I (ABIJABI ME ISAN ANDU ANU ANU AN	HIII GEITT GENN MARE HANN GENT IOU.
3001 ALOMA A	IVE.	3001 ALOMA AVE.			
#119 WINTER PARK FL 32792		#119 Winter Park FL 32792		Date Incorporated or Qualified	
				01/27/1994 4. FEI Number	<b>05/01/1995</b> Applied For
Principal Plac	ce of Business	2a. Mailing Address		59-3224609	Not Applicable
Suite, Apt. #.	et/:	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional
Saite, ript #.		27			Fee Required  \$5.00 May Be
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	Added to Fees
7.0	Country	Z <sub>1</sub> D	Country	8. This corporation has liability for	intangible (ux under s. 199.032.
Zip 	25	29	30	Florida Statutes  10. Name and Address of New Re	Yes No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New No	giaterod Agoni
SAI	NDIDGE, DAVID R.			iress (P.O. Box Number is Not Acceptat	ole)
	1 ALOMA AVE. #119		82 Street Add	iless (F.O. Box Marriser is Not resorting	
327	92R PARK FL 32792		83		
			84 City		FL 85 Zip Code
agent lan	Significate Typed on printed recovery transfers	diagert and the Tapplicable (NOT	E. Registerad Agent signature requ	poration submits this statement for the pation's board of directors. Thereby acception is the part of	DATE ICERS AND DIRECTORS IN 12
agent lan	Signature typed or printed byte of trapolaria  OFFICERS  DPST  SANDIDGE, DAVID R	AND DIRECTORS  DELETE	E Fingistered Agent signature requirements of the Table 1.1 Fifth Fig. 1.2 NAME		
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