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PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

P94000018070 (0)

1	poration Name OKEN AMUSI	EMENTS, INC.		`	•							
Princip	al Place of Business	·	Mailing A	rldress								
Principal Place of Business Mailing Address 3643 COLEBROOK DRIVE JACKSONVILLE FL 32210 Mailing Address 3643 COLEBROOK DRIVE JACKSONVILLE FL 32210					·							
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2. Prin 21	cipal Place of Busin	ess	2a. Mailine 26	g Address	<u>.</u>			4, FEI Number 59-324143	38		⊢-∔	Applied For Not Applicable
Suit 22	e, Apt. #, etc.		Suite,	Apt. #, etc.				5. Certificate of State	us Desired		, .	5 Additional Required
City 23	& State		City & 28	State				Election Campaign Trust Fund Contril	-			O May Be d to Fees
Zip 24		Country 25	Zip 29		Countr	у		This corporation h Florida Statutes			e tax under s	
	g, Name	and Address of Curre	·	Agent		·····		10. Name and Addre				
					B1	Name			-			
	RIEDLINE, RODG 811 ATLANTIC B				82	Street	Addres	s (P.O. Box Number is	Not Accepta	ble)		
	ACKSONVILLE F				83	3						
					84	City				F	85 Zi	p Code
11 Pu	rsuant to the provis	ions of Sections 607,0502	2 and 607.1508.	Florida Statuto	s the above	nomod o	ara arati	on cubmits this statem	ent for the nu	rmose of o	changing its r	registered office
or far SIGNA		potri, in the State of Flori pt the obligations of, Sect	da. Such chang tion 607.0505, F	e was authorize lorida Statutes.	d by the corp	poration's	board	of directors. Thereby ac	ccept the app	oointment	as registered	l agent. I am
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14. I 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 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 the corporation 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Prove

4/24/96 (904)773-7309