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 ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STAFE Sandra B. Mortham

Secretary of State

| | 996 | GO W. C. | | | TAROPRO | <u> </u> | _ | | |
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| OCUN Corporation | Name # | P9400 | 001824 | 12 (5) | | | | | |
| FLORID | A KEYS AMU | SEMENTS, IN | NC. | | | | | | |
| incipal Place | of Business | | Mailing Addr | ress | | | T 1981/981 199 (BILL DIBIL BBILL BBILL | | MAD 1811A 11411 BIDIA 1101 1001 |
| 5609 3RD AV | E. | | 5609 3RD #5 | AVE. | | | | | |
| #5 KEY WEST FL | L | | KEY WEST | T FL | | | 3. Date Incorporated or Qualified 03/09/1994 | | ate of Last Report 0/24/1995 |
| Principa: Pla | ace of Business | | 2a. Mailing A | Address | | | 4. FEI Number 65-0476804 | | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State | | | 27 City & SI | ıate | ···· | | 6. Election Campaign Financing | | \$5.00 May Be |
| | | | 28 | | Countr | | Trust Fund Contribution 8. This corporation has liability for | r intangible | Added to Fees stax under s 199 032 |
| Zip | 25 | ountry | Zip 29 | | 30 | , | Florida Statutes | Yes | No |
| | 9 Name and A | ddress of Curren | nt Registered Age | ent | | 1 Name | 10. Name and Address of New F | legistered | Agent |
| | UNROE, W. BRA | | | | 8 | | ress (P.O. Box Number is Not Accepta | able) | |
| | 19 E. VIRGINIA S ALLAHASSEE FL | | | | 8 | | 1003 (1.0. 00) | | |
| ••• | | | | | <u> </u> | <u> </u> | | | 85 Zip Code |
| | | | | | | 4 City | poration submits this statement for the tion's board of directors. Thereby ance | FI | _ - |
| CNATURE | | | | | | | poration submits this statement for melion's board of directors. Thereby acce | E)A*E | |
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| IGNATURE 2. TLE | Signature typed or porter | of name of registered ag OFFICERS AN | ent and title if apply able | | II. Roysland A | agent signature requ | are.) when remaining) | £)A*£ | ID DIRECTORS IN 12 |
| IGNATURE Z. TILE AME | P MUNROE, N ROUTE 1, B | OFFICERS AN AICHAEL BOX 2778 | ent and title if apply able | (54.) | 13. 1 1 1/1/1 1 2 NAM 1 3 STRE | Agent's gnatura required for the second seco | are.) when remaining) | £)A*£ | ID DIRECTORS IN 12 |
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