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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		Sed DIVISION	OF CORPO		NS				
OCUI Corporation	MENT #	P940000	28689	(5)						
J. D. M BUILDERS INC.										
ipal Place	of Business		failing Address				{   100  04    15   6  4  0  0   00			JAKI ITAK INI ITA
	SW 19TH PLACE		5229 SW 19TH PLACE							
APE COHA	AL FL 33914		CAPE CORAL FL 3	3914						
							3. Date Incorporated or Qual 04/13/1994	lified 3a. [	Date of Last 03/30/1	
Principal Pia	rcipal Piace of Business		. Mailing Address			- <del></del>	4. FEI Number		00/00/1	Applied For
uilo Ant	# oto	26					65-0485985	·		Not Applicable
kiite, Apt a	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🔲		5 Additional Required
ity & State	a		City & State				6. Election Campaign Finance	ing _		00 May Be
 D	Coun	<b>28</b>	7 <sub>(p</sub>	T	v note:		Trust Fund Contribution		Ado	led to Fees
	25	29		30	ountry		8. This corporation has liability Florida Statutes	ty for intangibl ] Yes		s 199.032,
	9. Name and Add	ress of Current Regis	stered Agent		81		10. Name and Address of N	lew Register	ed Agent	
CARTER	R, JACK C JR					Name				
5229 SV	W 19TH PLACE		82 Street			Street Addr	ess (P.O. Box Number is Not Acc	eptable)		
CAPE C	ORAL FL 33914				83					
					84	City			85	Zip Code
Pursuant to	o the provisions of Sec	tions 607.0502 and 60	7.1508 Florida Sta	lutes the ah	nove-na	amed corpor	ation euhnite this statement for th	F	abanalas ita	
Pursuant to or registere familiar with	o the provisions of Sec ed agent, or both, in th th, and accept the oblic	ctions 607.0502 and 60 te State of Florida, Such trations of, Section 607.	97.1508, Florida Sta h change was autho .0505, Florida Statu	tutes, the aborized by the	ove-na corpoi	amed corpor ration's boar	ation submits this statement for the	ne purpose of appointment	changing its as registere	registered officed agent. I am
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SIGNATURE: Spenial unit of the receiver of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appeters in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Spenial unit of types on PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR.