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

PROFIT CORPORATION **ÄNNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996	DIV	VISION OF CORPORAT	HONS				
OCUN Corporation	MENT # P94	400007347	70 (4)					
SPEC	IALTY EMPLOYEE LEA	ASING, INC.						
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4908 NW 34	ATH ST	PO BOX	4026					
SUITE #1	F F1 0000F		LE FL 32613					
GAINSEVILLI US	E FL 32005	US			3. Date Incorporated or Qualific	ed 3a. Da	te of Last R	eport
					09/29/1994		01/19/1	995
ªrincipal Plac	ce of Business	2a. Mailing Ad	idress		4. FEI Number		⊢	Applied For
Suite, Apt. #.	etc:	26 Suite, Apt.	# atc		59-3274831			Not Applicable
senter, right in	, 603.	27	#, 616.		5. Certificate of Status Desired			Additional Required
Oty & State		City & Staf	te		6. Election Campaign Financing	0		O May Be
		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability	0	tax under s	199.032,
	25 9. Name and Address of C	29	30			Yes No		
	a, Harrie and Audiess Of C	zarrem negistered Ager	8	1 Name	10. Name and Address of Ne	w Hegistered	Agent	
EUGE	MICHEAL							
	W 34TH AVENUE		8:	2 Street Addr	ress (P.O. Box Number is Not Accep	otable)		
#1	IN STILL ATERIOL		8	3				
				1				
	SVILLE FL 32605		<u>_</u>	4 64			11 -	
GAINES Pursuant to or registered familiar with	SVILLE FL 32605 the provisions of Sections 607 d agent, or both, in the State c i, and accept the obligations of	7.0502 and 607.1508, Flor of Florida. Such change wa f, Section 607.0505, Florid	rida Statutes, the above as authorized by the corda Statutes.	1 "	ration submits this statement for the rd of directors. I hereby accept the a	Fl purpose of ch appointment a		o Code egistered office agent. I am
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oath; that I am an officer or director of the appears in Block 12 or Block 13 if observed or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name lack my in address.

SIGNATURE: