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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham<sup>1</sup>,

1996 Secretary of State  DIVISION OF CORPORATIONS											
1.	OCUI Corporation SOUTH	Name	# <b>P95</b> 0 IN ASSOCIATES		19166 (4	<b>!</b> )					
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Pri	ncipal Place	of Business		·	Mailing Address		<del></del>				
501 GLADES ROAD				501 GLADES ROAD							
6	OCA RATON	1 FL 33432			BOCA RATON FL 334	32					
									3. Date Incorporated or Qualified 03/09/1995	3a. Date of Last	Report
2. 21	Principal Pla	ice of Busin	oss	26 26	a. Mailing Address	·		*,	4. FEI Number		Applied For
	Suite, Apt. #	i, etc.			Suite, Apt. #, etc.				65-056123		Not Applicable
22	O4 - 6 O4-4-		<del> </del>	27	I				5. Certificate of Status Desired	1 1	75 Additional e Required
23	City & State			28	City & State				6. Election Campaign Financing	□ <b>\$</b> 5.	.00 May Be
	Zip		Country	- 20	<i>Z</i> ip	Cour	ntry		Trust Fund Contribution  8. This corporation has liability for it	Auc	ded to Fees
24		o None	25	29		30			Florida Statutes 🔲 Yes	No	s 199.032,
	<u></u>	9, Name	and Address of Cu	rrent Heg	Istered Agent		D4 Name	·s-1	10. Name and Address of New Re	∋gistered Agent	
	KUPERS1	TINE STA	NI EY H			Ľ	B1 Name	1-1 A	vey Ploster		
		CKELL A				- 1	82 Street	Addres	S.P.O Box Number is Not Acceptable	a)/o \	
	6TH FLO					ļ	B3		T THE STATE OF THE	<u> </u>	
	MIAMI FL	. 33131				-  -	B4 City	Dal		loc!	7:- O- d-
11.	Pursuant to	the provisi	one of Sections 607.0	500 ppd 603	07.1500 Fl- (1. 0) (	L	1,		ray Beach	FL  85	33483
	or registere familiar with	d agent, or	both, in the State of F	jorida. Suc	o/.1506, Florida Statut ch change was authoriz	es, the above ed by the co	e-named o prporation's	orporati board	on submits this statement for the purp of directors. I hereby accept the appo	ose of changing its intment as registered	registered office
SIG	NATURE	I		5.011011007	.0000, Florida Statutos	· H	101	-PL	rule -	-120/9	6
		ignature, typnol				It : Roylstered A	gent sign hare i	required wi	hen reinslating)	DATE	r 
12.			OFFICERS	AND DIRE	CTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE		
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	ST-ZIP			, , , , , , , , , , , , , , , , , , ,		6 & CITY	\$T 740			5	12
14. l (	onereby of certify that tho oath; that I a appears in B	pertify that the information of information of an office block 12 or I	ne information supplie on Indicated on this ar r or director of the cor Block 13 if chanced, c	d with this inual repor poration or er on an att	filing is voluntarily furni t or supplemental annu r the receiver or trusted as tracket with an adda	shed and do lal report is t empowered	es not qua rue and ac I to execute	lify for th curate a a this re	ne exemption stated in Section 119.0) and that my signature shall have the se port as required by Chapter 607, Flori	(3)(k), Florida Statu ime legal effect as i da Statutes; and th	ites. Durther if made under nat my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Plosler