## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 24 1997 8:00am

Secretary of State

## Sandra B. Mortham\*

Secretary of State
DIVISION OF CORPORATIONS

<u>C</u>	OCUI Corporation ACRYLIN	MENT # CS OF NAPL	<b>P9500</b> ( ES, INC.	0036	470 (9)	)								
Principal Place of Business Mailing Address									$\dashv$	I IDDIKODI FIT IBIBK DIRK DULL BELIK BELIK	<b>                                    </b>		A BEAL SEEL	
2033 PINE RIDGE RD					2033 PINE RIDGE RD									
#4			#4	= 1					DO NOT WRITE IN THIS SPACE					
NAPLES FL 33942 US			NAPLI US	NAPLES FL 33942 US					3. Date incorporated or Qualified 3a, Date of Last Rep			enort	$\neg$	
										05/05/1995	03/29/			-
2.	Principal P	lace of Business		2a. Ma	2a. Mailing Address				1	. FEI Number	1. 44/24		plied For	٦
21	<del>.</del>				26					65-0588842		No	t Applicabl	囙
_	Suite, Apt.	ite, Apt. #, etc.			Suite, Apt. #, etc.				6	5. Certificate of Status Desired	1 1 '		Additional	
22	City & State			27	City & State					L Florida Octobrilla Florida		Fee Re	·	4
23	City & State	y & State			28				۱ ۹	Election Campaign Financing     Trust Fund Contribution		<b>15.00</b> Added t	May Be	
	Zip	Country			Zip C			,		This corporation owes or has pair				┨
24	•	25			29 30				Personal Property Tax due June 30. Yes No					- 1
9. Name and Address of Curre								10	), Name and Address of New Reg	Istered Agen	t			
BOCWINSKI, MARIA 2033 PINE RIDGE RD. UNIT 4 NAPLES FL 33942							81 82 83	Name Street Ad	ldress	P.O. Box Number is Not Acceptab	e)	Zip C	Code	-
SIC	agent. I a SNATURE	m familiar with, ar	nd accept the oblig Bocura ted name of registered ag	gations of, So Security of the day	plicable (NC	Florida Sta	atules ed Age	nt signature req			7/.	21/9	?7	
12		D	OFFICERS AN	1D DIRECTO	13		·		ADDITIONS/CHANGES TO OFFIC		ECTOR Change	S IN 12 Addition	$\exists$	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

\_\_\_\_ Make the second control of the property