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

PROFIT



FLORIDA DEPARTMENT OF STATE

	ANNU	AL REPO 1996						B. Mortha tary of Stat	e 🛦	ONS							
	OCUN Corporation		#	P950	0000												
	TREAS	ure co/	AST PE	est coi	NTROL,												
Principal Place of Business Mailing Address												FALDINED		BILL BOUN BOND BI	841 8 1881		IO 1401 1001
3153 SO. KANNER HIGHWAY STUART FL 34994					3153 SO. KANNER HIGHWAY STUART FL 34994												
_	Dinginal Dia	on of Punion			· I		Address					 Date Incorp 05/31/ FEI Numbe 		d 3a. Date	of Las	·, ·	
21	, Principa! Pla	ice of Busine	iss		⊢	2a. Mailing 6	Address					4. PETNORIDE	65-05	92.55	4		lied For Applicable
22	Suite, Apt. #	, etc.				1	Apt. #, etc.						of Status Desired	X			Iditional
	City & State				ļ	City 8	State						mpaign Financing			.00 N	
23	Zip		Cour	 htry	2	8] <i>Z</i> ip		Cou	ntry				Contribution ation has liability f			ded to rs 199	
24	<u></u>		25			9		30	· · · · · · ·			Florida Stat	utes 🔲 \	res 🖔 No			
-		9. Name	and Add	iress of C	urrent Re	gistered A	gent		81	Name		10. Name and	Address of Nev	v Registered	Agent		
	PRICE, HENRY F										A ad ad a. a.	- (D ∩ Pov Nuo	nber is Not Accep	tablal			
3153 SO. KANNER HIGHWAY									82	Street	Addres	S (P.O. DOX NUI)	iber is Not Accep	(abie)			
STUART FL 34994								83									
								84	City				FL	85	Zip Co	ode	
1	1. Pursuant to	o the provision	ons of Se	ctions 607.	.0502 and	607.1508,	Florida Statu	tes, the abo	ve-r	named co	orporati	on submits this	statement for the	ouroose of ch	• anging	its regis	tered office
	or registere familiar with	ed agent, or h, and accer	both, in t of the obl	he State of igations of,	Florida. S Section 6	uch change 07.0505, Fl	e was authori. Iorida Statute	zed by the i s.	согр	oration's	board	of directors. I he	reby accept the a	ppointment as	registe	ered age	ent. I am
s	IQNATURE _	ATT		mi ever etta et	. 1 7	r wat at an		OTE: Registerer				ata da da Maria de Co		DATE			
1	2.	Signature typed i	or printeio na		S AND DIF			13.	i Ageii	ni sgraiure n	equired w		S/CHANGES TO C		DIREC	CTORS	IN 12
11	TLE	Presid	dent	00,00			DELETE	1. 1 3	ITLE					1	Char	ige [Addition
	AME	Henry 3153	s K	anner	- Huy	1		1.2 N									
	TREET ADDRESS	Stua		-1 3	4994					FADDRESS ST-ZIP							
\vdash	ı) LE	Vice	Pres	ident	/scc] DELETE	2.11				······································			☐ Char	ige [Addition
	AME	martt 3153	ia K	s, Pri	ice,	hose		22 N	AME								
-		3153	> . }	Sann	22166	21/				I ADDRESS							
-	ITY+\$T-ZIP ITLE	5tua	rT	CL.	3499	/) *	DELETE	240 3 1 1		ST-ZIP	ļ				Char	nge [Addition
	AME					_		3.2 N		.5.				,			
S	treet address							3.3. 8	TREE	1 ADDRESS							
-	HTY-ST-ZIP	ļ				•				ST-71P	ļ						
	TLE					L] DELETE	4.11							Char	nge L	
	ame Treet address							42 N		T ADDRESS							
	ITY-ST-ZIP									SI - ZIP							
$\overline{}$	ITLE			and a term of the term of the] DELETE	5 1 1			1	g g	നന്നു വ		Char	nge [Addition
	AME									1 √∞3 .		2U.	00018 /07/960	10330	05 24		
1	TREET ADDRESS							ı		1 ADDRESS		***	233.75		Terr I		
-	ITY-ST-ZIP ITLE) DELETE	54 C		S1-ZIP	 				Char	nge F	Addition
i i	IAME							6.2 N							الماري ر	۰ ـ	_
	TREET ADDRESS							1		T ADDRESS						Ź.	-1-9
Ι.	:	i						1			I					_	' \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 order 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.

SIGNATURE:

4-27-96

4073838986

SIGNATURE:

6