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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

19	996	DIVISION C	OF CORPORATI	ONS				
OCUMI Corporation Na	amo	00052909 (	(5)					
Q/CD SE	ERVICES, INC.							
 rincipal Place of I	Business	Mai-ing Address				ABIN BAIN BIN		i adiia fali labi
1610 TROY LYNN TRAIL		1610 TROY LYNN TRAIL						
JACKSONVILLE	FL 32225	JACKSONVILLE FL	32225		3. Date Incorporated or Qualified	3a, Date o	fled De	
					07/10/1995	3a. Date 0	ii Lasi ne	port
Principal Place	of Business	2a. Mailing Address		4. FEI Number	.k	A	applied For	
		26		59-332649	8		lot Applicable	
Suite. Apt. #, e	eto.	Suite, Apl. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
, ,,,		28			Trust Fund Contribution	[]		to Fees
Zφ	Country	Zip Country 8. This corporation has liability for intangible 29 30 Florida Statutes ☑ Yes [] No			under s	199.032,		
	25] g. Name and Address of Cui				10. Name and Address of New R		gent	
			8	1 Name				
MARY, ROBERT W 1610 TROY LYNN TRAIL JACKSONVILLE FL 32225				2 Street Add	dress (P.O. Box Number is Not Acceptable)			
				3				
JACKSUN	WILLE PL 32223		ē	A	85 Zip Code			
				' '	ration submits this statement for the put	FL	'	
IGNATURE.	and accept the obligations of, \$		rtes. _ruoit : Bagstered Ac <b>II 13.</b>	ji nî Sigrajî ne Biriji. Si	awhereston ADDITIONS/CHANGES 10 OFF	DATE ICERS AND I	DIRECTO	RS IN 12
2. 	PSTD	DELETE	1.1 THE	r			Change	Addition
AME .	MARY, ROBERT W		1.2 NAM	E .				
REET ADDRESS	1610 TROY LYNN TRAIL	•		ET ADDRESS				
Y-ST-ZIP	JACKSONVILLE FL 3222	DELETE	1.4 CHY 2.1 TH:					
ME		<u></u>	0.0.1(1)			سا	Change	Addition
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				E LI ADORESS		i	) Change	☐ Addition
		ET DUCH	2 3 STRE 2 4 CHY	LL ADORESS - ST- ZIP				
į.		□ DELFIL	2 3 STRE 2 4 CHY 3 1 Tal	E TURN TO THE TERM			Change	Addition
ILF ME		DELETE	2 3 STRE 2 4 CHY 3 1 TH 3 2 NAM	E TURN TO THE TERM				
LE ME REEL ADDRESS		_	2 3 STRE 2 4 CHY 3 1 THU 3 2 NAM 3 3 STR	E E			] Change	Addition
LH IME REET ADDRESS TY-ST-7 P		☐ DELETE	2 3 STR5 2 4 CHY 3 1 Talk 3 2 NAM 3 3 STR 3 4 CHY 4 1 Tife	ELLADORESS -SI-ZIP E EELADORESS -SI-ZIP E				Addition
LE ME REELADDRESS 1Y-SI-Z P ILE MME		_	2 3 STR5 2 4 CHY 3 1 Talk 3 2 NAM 3 3 STR 3 4 CHY 4 1 TR1 4 2 NAM	E EFF ADDRESS -SI-ZIP EFF ADDRESS -SI-ZIP E			] Change	Addition
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LEF ADDRESS  1Y-SI-7 P  LLEF ADDRESS  1Y-SI-7 P  LLEF ADDRESS  1Y-SI-7P		_	2 3 STR5 2 4 CHY 3 1 Tall 3 2 NAM 3 3 STR 3 4 CHY 4 1 TIR 4 2 NAM 4 3 STR5	ELLADORESS -SI-ZIP E EFLADORESS -SI-ZIP E ELLADORESS -SI-ZIP E ELLADORESS -SI-ZIP			] Change	Addition
NATE OF THE PROPERTY OF THE PR		C) DELETE	2 3 STR5 2 4 CHY 3 1 Tall 3 2 NAM 3 3 STR 3 4 CHY 4 1 TIR 4 2 NAM 4 3 STR5 4 4 CHY	ELLADORESS -SI-ZIP E EFLADORESS -SI-ZIP E ELLADORESS -SI-ZIP E ELLADORESS -SI-ZIP			] Change	Addition
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ILL  AME  INEEL ADDRESS  IY-SI-7 P  ILE  AME  IMPE ADDRESS  IIY-SI-ZIP  ILE  AME  IREEL ADDRESS  ITY-SI-ZIP  ITREEL ADDRESS  ITY-SI-ZIP		☐ DETEIF	2 3 STR6 2 4 CHY 3 1 Tall 3 2 NAM 3 3 STR6 4 1 THE 4.2 NAM 4 3 STR6 4 4 CHY 5 1 Tall 5 2 NAM 5 3 STR6 5 4 CHY	ELLADORESS -SI-ZIP E EFFLADDRESS -SI-ZIP F EFFLADORESS -SI-ZIP E EFFLADORESS -SI-ZIP E EFFLADORESS -SI-ZIP E EFFLADORESS			Change Change	Addition Addition
IN - ST-7/P  ILE  AME  IREET ADDRESS  IY - ST-7 P  ILE  AME  INFE* ADDRESS  IIY - ST-7/P  ILE  AMF  IREE* ADDRESS  IIY - ST-7/P  ILE  ITY - ST-7/P  ILE  ITY - ST-7/P  ILE		C) DELETE	2 3 STRS 2 4 CHY 3 1 Tall 3 2 NAM 3 3 STR 3 4 CHY 4 1 THE 4 2 NAM 4 3 STRS 4 CHY 5 1 THE 5 2 NAM 5 3 STRI 5 4 CHY 6 1 THE	ELLADORESS -SI-ZIP E EELADORESS -SI-ZIP E ELLADORESS -SI-ZIP E ELLADORESS -SI-ZIP E ELLADORESS (-SI-ZIP) E			] Change	Addition Addition
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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 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 Ellock 13 if changed, 67 or an attrictment with an address

6.4 C+FY+\$1 Z+P

SIGNATURE:

CER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NA

ROBETTO W. MATCH 3/28/96

904-641-5886 Daytime Phone #