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

PROFIT



FLORIDA DEPARTMENT OF STATE

	ANNU	PORATION AL REPORT 1996				Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS										
	OCUN Corporation	Name		P9500	0005	8251	(6)									
	WHAT	a neat	IDEA,	INC.												
Prin	Principal Place of Business Mailing Address											I INDIANOL WAR ININ BUILL BOUR	M AIN MAIN	OBSEL DISE		
14480 62ND ST N 14480 62ND ST N CLEARWATER FL 34620 CLEARWATER FL 34620																
	na an an			 		44-0						 Date Incorporated or Qualifith 07/11/1995 FEI Number 	ed 3a	. Date of		
21	Principal Pla	ce of Busine	ess		2a. 26	Mailing Addre	:SS					59-3368649				Applied For Not Applicable
 -	Suite, Apt. #	, etc.			27	Suite, Apt. #,	etc.			,		5. Certificate of Status Desired			\$8.75	Additional Required
	City & State				28	City & State						Election Campaign Financing Trust Fund Contribution	g 🗅			0 May Be
	Zip	···	Coi	intry	26	Zip		Coun	try			8. This corporation has liability	for intang	gible tax u		d to Fees 199.032,
24			25	dunan at Our	29			30					Yes 🔲			
		9, Name	ano Ao	dress of Curre	ni negisi	erec Agent	· · · · · · · · · · · · · · · · · · ·		B1	Name		10. Name and Address of Ne	w Hegis	rereo Ag	ent	
	GRAS, JUDITH A										ddress	(P.O. Box Number is Not Acce	otable)			:
14480 62ND ST N									82							
	CLEARWATER FL 34620								83							
									B4	City				FL	85 Zı	p Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bridge. 												on submits this statement for the	purpose	of change	ing its r	egistered office
	familiar with	n, and accep	ot the ob	oligations of, Sec	ction 607.0	0505, Florida S	Statutes.	.,	•						J	-9
SIG	NATURE _	Signature, typed (or printed n	ame of registered age	nt and title if a	pplicable.	(NOTE:	Registered A	gent	t signature requ	ured wh	en reinstating!		DATE		
12.				OFFICERS A	ND DIREC			13.		r <u>-</u>		ADDITIONS/CHANGES TO (OFFICERS			<u></u>
TITLE		D Thoma	e EDE	n a		DETE	IE.	1.1717		1	?/s/	'D		IJ	Change	Addition
NAM	EET ADDRESS	14480 (1.2 NAN		ADDRESS						
	- ST- ZIP			FL 34620				1.4 CITY								
TITLE						DELE	TE	2. 1 TIT		T	r				Change	Addition
NAM	E .							2.2 NAN	ΛE	*	EIS	SCH, James P.				A
STRE	F1 ADDRESS							2.3 STR	EET /	ADDRESS	144	80 - 62nd St. N.				
	-ST-ZIP							24 CITY		T-ZIP	Cle	earwater, FL 346	20			
TITLE	1					☐ DELE	It.	3 1 111		V	/P			Ш,	Change	X Addition
NAM	T I							32 NAN		ADDOCAD .		MAS, John C. 180 - 62nd St. No				
l	ET ADDRESS -ST-ZIP							3 4 CITY				earwater, FL 346				
TITLE						☐ DELE	ΤĘ	4 1 TITI		1-211					Change	☐ Addition
NAM	E							4 2 NAN	AE.							
\$7RE	E1 ADORESS							43 STR	EE1 /	ADDRESS						
CITY	-ST-ZIP							4.4 CITY		1 - ZIP						
TITLE						☐ DEFE	TE	5. 1 TIT							Change	☐ Addition
NAM								52 NAN		*000000						
	ET ADDRESS							I.		ADDRESS						
TITLE	- ST - ZIP					DELE	TE	5 4 City 6 1 TiTi		1 - ZIP					Change	Addition
NAM								62 NAN						_	•	
	ET ADDRESS									ADDRESS						
CITY	- S1 - ZIP							6.4 C(T)	-ST	r- ZiP						

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 trusted ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: James P. Eisch

4/2 3/84 (813) 531-8913

CR2E034 (12/95)