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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

1996

Secretary of State
DIVISION OF CORPORATIONS

OCUM Corporation N EXCEL	TILE CONTRACTING, INC.	0061923 (. ,		
Principal Place of Business		Mailing Address			
401 N 74TH AVE HOLLYWOOD FL 33024		401 N 74TH AVE HOLLYWOOD FL 33024			
				3. Date Incorporated or Qualified 08/10/1995	3a. Date of Last Report
. Principal Place	e of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-060446	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	Final \$8.75 Additional
		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip	Country 30	This corporation has liability for i Florida Statutes	□No
	g. Name and Address of Curren		81 Name	10. Name and Address of New R	egistered Agent
HOLLYW	4TH AVE VOOD FL 33024		83 84 City	ration submits this statement for the pure of diseases. However, accept the area	FL 85 Zip Code
GNATURE	gradure typed organization and of registered ages. OFFICERS AND		NOTE Big Seed (April signal notice) in 13.	ADDITIONS CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12 Change Addition
AME FREET ACORESS	GANIS, STEVEN B 401 N 74TH AVE	<u></u>	1.2 NAME 1.3 STREET ADDRESS		
TY-S1-ZIP	HOLLYWOOD FL 33024	E 000545	1.4 CITY - ST-ZIP		Change Addition
ILE IME		DELETE	2 1 TITLE 2 2 NAME		
REET ADDRESS			2.3 STREET ADDRESS		
TY - ST - ZIP		☐ DELFTE	2.4 CHY+S1-ZiP 3.1 THLE		Change Additio
ME			3 2 NAME		
REET ADDRESS TY-ST-ZIP			3.3 STREET ADDRESS 3.4 C/1Y - ST - Z/P		
TLE		DEL ETE	4 1 TITLE		Change Additio
AME IREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
TY-ST-ZIP			4.4 C(1) - ST - Z(P		Change I Addition
TLE	·	☐ DEFE IF	5 1 TITLE 52 NAME		☐ Change ☐ Additio
AMÉ TREET AODRESS			5 3 STREET ADDRESS		
TY-ST-ZIP			5.4 CHTY - ST - ZIP		Change Addstin
TLE		☐ DELETE	6 1 THLE 62 NAME		□ Outding □ Million
ame Treet address			63 STREET ADDRESS		
*. 67.30			6 4 CITY - ST - ZIP		2.07/2013 Florido Ct-3 d-a 14 dis-
certify that	the information indicated on this anilitian an officer or director of the corp. Block 12 or Block 13 if changed, or	ual report or supplemental a oration or the receiver or tru on an attachment with an a	annual report is true and accu stee empowered to execute t	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607. F	