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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000074197 (1) **DOCUMENT #** 1. Corporation Name

OHICK SITE, INC.

Suite, Apt. #, etc.

City & State

Principal Place of Business	Mailing Address				
7701 SOUTH EAST MANHASSETT PLACE	7701 SOUTH EAST MANHASSETT PLACE				
HOBE SOUND FL 33455	HOBE SOUND FL 33455				

Suite, Apt. #, etc.

City & State

3a. Date of Last Report

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

09/26/1995

23		28				Trust Fund Contribution		Added	I to Fees	
Zq)	Country	Zip				8. This corporation has liability f		under s	199.032,	
24	25	29	30				′es ☐ No			
Name and Address of Current Registered Agent						10. Name and Address of Nev	v Registered A	<u>jent</u>		
				81	Name					
Leszczynski, joseph j				82 Street Address (P.O. Box Number is Not Acceptable)						
7701 SOUTH EAST MANHASSETT PLACE										
HOBE S	OUND FL 33455			83						
				84	City		FL	85 Zip	Code	
or rea sten	o the provisions of Sections 607 ed agent, or both, in the State o th, and accept the obligations of	f Florida. Such change was	authorized by the	ove-r corp	named corpora oration's board	ation submits this statement for the difference of directors. I hereby accept the a	purpose of chan ppointment as re	ging its re agistered	agistered office agent. I am	
SIGNATURE										
12.	Signative: syled or parted name of registers	chagent and little trapplicable	[NOTE Registers		it signature required	ADDITIONS/CHANGES TO C	DATE DEFICERS AND I	DIRECTO	RS IN 12	
Tritt	D	DE DE		TITLE	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	Change	Addition	
NAME			1.2 NAME				-	_		
STHEE! ADDRESS					ADDRESS					
CITY-ST ZIP	HOBE SOUND FL 3345			DITY-S						
Tilef				TITLE				Change	☐ Addition	
NAME				NAME						
STREET ADDRESS	7701 SOUTH EAST MAI		23	STREET	ADDRESS					
CITY - ST - ZIF	HOBE SOUND FL 33459		24	DITY - S	1-71P					
TITLE		□ DE		TITLE				Change	Addition	
NAMt			32	NAME						
STREET ADDRESS			3.3	STREE	T ADDRESS					
CITY ST-ZIP			34	CITY - 9	it - ZIP					
TILE		DE	LETE 4.1	TITLE				Change	Addition	
NAME			4.2	NAME					. 1	
STREET ADDRESS			4.3	STREET	ADDRESS					
CI'Y-\$1-ZIP				CITY - S	ST - ZIP					
100F		Of	LETE 5 1	TITLE				Change	Addition	
NAME			5.2	NAME						
STREET ADDRESS			53	STAEET	ADDRESS					
CITY - S1 - ZIP					ST - ZIP	····	<u></u>			
TITLE		pr		TITLE			L.	Change	☐ Addition	
NAME				NAME						
STREET ADDRESS			6.3	STREET	ADDRESS					
CHTY - ST - ZiP					ST - ZIP		40.07/0//13.51	d- 64-6 :	14 .45.4	
14. Edo hereb	by certify that the information sur	oplied with this filing is volu	ntarily furnished and	a doe	is not qualify fo	or the exemption stated in Section 1	119.07(3)(k), Fiori	oa Statut	.es. i turther	

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.

SIGNATURE:

2/20/96 Date