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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Scoretary of State 1996 DIVISION OF CORPORATIONS											
OCUM Corporation N	IENT #	P9500	00083231	(7)							
		NS INSPECTIO	ONS, INC.				1 18 1 (1911 1)	A IAIAI AIIJI ABIIL BAL	 	66 (114 0 (11 60) 1	(IN) (IN) (IN)
Principal Place of Business Mailing Address											
3857 SOUTH V	st sailfish drive 1990										
PALM CHITTL	. 54330		Them services	- · -			3. Date Incorpc 10/31/19	rated or Qualified	3a. Date	of Last Rep	
2. Principal Plac	ce of Business		2a. Mailing Address	·			4 EEI Nursher	62538	2.0	<u> </u>	plied For at Applicable
]			26						\$8.75		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificaté of	Status Desired		Fee Re		
City & State			City & State	City & State			6. Election Can Trust Fund (npaign Financing Contribution		\$5.00 Added	May Be to Fees
700		Country	28	Co	untry		8. This corpora	tion has liability fo	r intangible të	ax under s 1	99.032,
Zip ∎]	25	5	29	30			Florida Statu	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
'.L			rent Registered Agent		81	Name	10. Name and	Address of New	negistereo	Agent	
							100 D. N.	har in Not Accept	ablo)		
STAHL-BRALEY, SUZANNE L				8			diress (P.O. Box Nun)	Der is Not Accept	achta)		
3857 SOUTH WEST SAILFISH DRIVE PALM CITY FL 34990					83	†					
LWTW CHILLE 24820						City			FL	85 Zip	Code
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12.		OFFICERS	AND DIRECTORS DELET	15 IE 1	i. Tilvé	Τ	11111			Channe	Addition
TITLE					NAME		SUZANNE .	L. STANL-	BRAL	EY	
NAME STREET ADDRESS				10	STRE	1 ADDRESS	PRESIDEN SUZANNE , 3857 SW PALM GI	SAILFIS	SH DK	CIVE	
CITY - ST - ZIP						ST-ZIP	PALM GI	TY, FL	349	70 Change	Addition
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STREET ADDRESS CITY-ST-ZIP	5		_	1	3 \$18	CEL ADDRESS	ality for the exemption			C1	عدد المسالة

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 certify that I am an officer or director of the corporation or the receiver or trusted 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

SIGNATURE AD TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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4115/9c (407) 781-1123