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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996				Saridra B. Mortham Secretary of State DIVISION OF CORPURATIONS								
	OCUM Corporation !	Name	P95000	085873	(4)							
I	0.3.3	Cuisine in	lG.									
	Principal Place o	of Business		Mailing Address				<b>-</b> ∤ 111	<b>   </b>	ili <b>18</b> 111 <b>48</b> 181 (818)		
ľ	11789 104TH			11789 1 <b>04T</b> H								
	LARGO FL 34	_		LARGO FL 34								
								11/	ncorporated or Qualified <b>06/1995</b>	3a. Date of		
2. Principal Place of Business				2a. Mailing Address				4. FEI NU	9-33403			pplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$8.75 Additional				
22				27				5. Certific	cate of Status Desired		<b>-</b>	lequired
	City & State			City & State				1	n Campaign Financing and Contribution			May Be to Fees
23	Zip		Country	Zip	I	Country	<del>,</del>		orporation has liability fo	r intangible tax :		
24	]	25		29	30	L		I	Statutes Yes	s No		
H		9. Name an	d Address of Current	Registered Agent		81	Name -		V D I	Hedistered V	) CITC	
SIRISKA, JOANNE						82	Street Ado	toaN dress (P.O. Box	Number is Not Accepta	able)	<del></del>	
6822 22ND AVENUE NO. STE 277						83	717	789	104th L1	۱.۷۱۰		
	ST. PET	ersburg fl	. 33710									
						84	CityLa	290		FL		19643
	11. Pursuant to	the provisions	of Sections 607.0502 a	and 607.1508, Florid	da Statutes, the	e above-r	named corpo poration's bo	oration submits	this statement for the p	urpose of chang	ging its re	egistered office agent. I am
or registered agent, or both, in the Stations of Socions 607.1306, horida statutes, the a or registered agent, or both, in the Station of Florida. Such change was authorized by the familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes.						P	· . l - ·	1	,,		3-90	
:	signature _	Signature, typed or pr		1000 Kr nd title if applicable	MUG IN NOTE RE	g stered Age	nt signature requi	red when reinstating)		DATE	· / · / ·	
	12.		OFFICERS AND	DIRECTORS		13.		ADDIT	IONS/CHANGES TO OF			
1	TITLE	PRESIDE	ENT/TREAS.	[_] D{	LETE	1. 1 TITLE				لا	Change	☐ Addition
1	NAME STREET ADDRESS	70an	K. Kugh			1.2 NAME 1.3 STREET	LADDAESS					
1	CITY-ST-ZIP	11789	FI. 34647.			14 CHY-S						
$\vdash$	TITLE	V.P. / S	SEC. 1	☐ DE	LETE	2 1 TITLE					Change	☐ Addition
1	NAME	Roger	Smith 104th Lus.			2.2 NAME	t 1000ccc					
1	STREET ADDRESS Dity-St-7/P	1178 Lango		3		2.4 CITY - 5	I ADDRESS					
$\vdash$	TITLE	200.0	7 71. 270.3	DE	LETE	3 1 TITLE					Change	Addition
١,	NAME					3.2 NAME	•			•		
1	STREET ADDRESS						T ADDRESS	•				
_	CITY-ST-ZIP TITLE			□ DE	LETE	3.4 CITY - : 4. 1 TITLE					Change	Addition
	NAME					4.2 NAME						
	STREET ADDRESS					4.3 STREF	T ADDRESS					
	CITY-ST-ZIP		A200-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	<u></u>		4.4 CITY -					Channa	Addison
	TITLE			□ DE	LEBE	5 1 TITLE	ļ.	4	000019	5495	Change	Addition Addition
	NAME CORES ADDRESS					5.2 NAME	T ADDRESS	•	<b>000018</b> -06/07/9601 **200,00	101201	<b>3</b>	
1	STREET ADDRESS CITY-ST-ZIP					54 CITY-		*	**200,00			
_	TITLE			De	:LETE	6 1 TITLE				C	Change	Addition

14. I do hereby cortify 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 emipowered 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. CITY-S1-ZIP

62 NAME 6.3 STREET ADDRESS

6.4 CHY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4-23-96 813-392-526/

CR2E034 (12/95)