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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

OCUM Corporation N		0090456 (1)	)					
	DEVELOPMENT MANAGEN	IENT CORPORATION						
Γαυυ	LEACTOLIAICIAL IAIWIAYOTIA	ILITI OOM OMMON						
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Principal Place o	of Business	Mailing Address						
4158 LORRAINE AVENUE		4158 LORRAINE AVENUE NAPLES FL 33942						
NAPLES FL 33	542	HAPTED TE 00072			3. Date Incorporated or Qualific	nd 3a D	ate of Last Re	port
					11/16/1995	o Va. s	0.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			pplied For
		26			65-0630391			lot Applicable
Suite Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
		City & State	_		6. Election Campaign Financing	 n		May Be
City & State		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation has liability			199.032,
ו י	25	29	30		Florida Statutes 💹	Yes No		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of Ne	M Manage	eu Agent	
41-414			1 1			-A -C (a)		
SIESKY, JAMES H		82		Street Addr	ress (P.O. Box Number is Not Acce	ptablej		
1000 N TAMIAMI TRAIL SUITE 201			83			-		
NAPLES FL 33940		84 City		City			. 85 Zu	o Code
						<u> </u>		
11. Pursuant to or registere familiar with	o the provisions of Sections 607.050 ad agent, or both, in the State of Flo n, and accept the obligations of, Sec	02 and 607.1508, Florida Statule rida. Such change was authoriz ction 607.0505, Florida Statutes	es, the above-na ed by the corpor	amed corpor ration's boa	ration submits this statement for the ird of directors. I hereby accept the	appointmen	t as registered	lagent. I am
Signature	the provisions of Sections 607.050 ad agent, or both, in the State of Flo h, and accept the obligations of, Sec Signature, types or printed name of registered age	nt and title if applicable. [NC	TE: Registered Agent		ed when reinstating)	DAT	E	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI					DAT	E	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	int and title it applicable. NO ND DIRECTORS	TE: Registered Agent		ed when reinstating)	DAT	E AND DIRECTO	PRS IN 12
SIGNATURE 5  12.  TITLE NAME	Styria v.e., typed or printed name of registered age OFFICERS AI D COOPER, FRANK W 4158 LORRAINE AVENUE	int and title it applicable. NO ND DIRECTORS	13.	signature require	ed when reinstating)	DAT	E AND DIRECTO	PRS IN 12
SIGNATURE S  12.  NAME STREET ADDRESS	OFFICERS AID COOPER, FRANK W 4158 LORRAINE AVENUE NAPLES FL 33942	nt and title it applicable. NO NO DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST	Signature require	ed when reinstating)	DAT	AND DIRECTO	DRS IN 12
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NAME OF SIGNING OFFICER OR DIRECTOR