| COF<br>ANNL  | PROFIT<br>RPORATION<br>JAL REPORT<br><b>1997</b>   |   | FLORIDA DEPART<br><b>Sandra B.</b><br>Secretary<br>DIVISION OF CC                     | Mortham<br>of State  | May 02 1<br>Secreta  |  |   |
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| OCUI<br>Corporatio<br>NAWAID   | TT TNOT B3   | 95000094  | 4013 (6)  |  |  |  |   |
| rincipal Place of Business<br>TO CHARING CROSS WAY<br>RUNDO, FL 33837  |  | Mailing Address<br>2710 Charing Cross Way<br>Orlando FL 32837-9110  |   |  |  | H <b>Baiha Ka</b> hi afak kulan  | R <b>uu</b> ini foot  |
|  |  |   |   |  | 3. Date Incorporated or Qualified<br>12/06/1995  | 3a, Date of La<br>04/25/199  |   |
|  | Lace of Business   | Auz. 26   | Mailing Address   |  | 4. FEI Number<br>59-3348834  |  | Applied For<br>Not Applicable                                 |
| Suite, Apt   |  |   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired   |  | 5 Additional<br>Required                                      |
| City & Stat  |  | 27  | City & State  | ·  | 6. Election Campaign Financing   | \$5.   | DO May Be   |
| HAW<br>Zip   | Cour   | 14. 28<br>http://www.com/com/com/com/com/com/com/com/com/com/   | Zip   | Country  | Trust Fund Contribution 8. This corporation has liability for  | intangible tax und   | ed to Fees<br>er s. 199.032.                                  |
| 3384   |  | 29<br>Iress of Current Regis  |   | 30   | Florida Statutes   | AVes No  |   |
|  | AK, NADIRSHAH  |   |   | 81 Name  | таран — — — — — — — — — — — — — — — — — — —  |  |   |
| 2710   | ) CHARING CROSS  | I WAY   |   | 82 Street Add  | dress (P.O. Box Number is Not Accepta  | ble)   |   |
|  |  |   |   |  |  |  |   |
|  | ANDO FL 32837  |   |   | 63   | · · · · · · · · · · · · · · · · · · ·  |  |   |
| ORL  | ando FL 32837  |   | 07. 1508, Florida Statute<br>da Such change was al                                    | 84 City  | poration submits this statement for the ation's board of directors. I hereby acce  | FLIT   | Zip Code<br>g its registered<br>as registered                 |
| ORL<br>I. Pursuant<br>office or<br>agent 1 a<br>GNATURE<br>2.  | ANDO FL 32837  |   | It applicatile. (NOTE:  | 84 City<br>s, the above-named cor<br>hthorized by the corpora<br>ida Statutes.<br>Fregstered Agent signature requ<br>13.   | poration submits this statement for the<br>ation's board of directors. I hereby acce<br>Jired when reinslating)<br>ADDITIONS/CHANGES TO OFFI | FL   purpose of changing purpose of changing provide the appointment of the appointment parts of the provide the provide the provided t | ig its registered<br>as registered                            |
| ORL<br>I. Pursuant<br>office or r<br>agent La<br>GNATURE<br>2.<br>11<br>11<br>14   | ANDO FL 32837<br>to the provisions of Se<br>registered agent, or be<br>an familiar with, and a<br>Subject space printed in<br>PVSD<br>LADAK, NADIRSH                     | Dections: 607.0502 and 6<br>oth, in the State of Flori<br>coopt the obligations of<br>ane of reastened agent and the<br>OFFICERS AND DIREC                      | If applicable. (NOTE:<br>2TORS  | 84         City           s, the above-named corr         thorized by the corporation of the corpo                    | vired when reinslating)  | DATE<br>CERS AND DIREC   | g its registered<br>as registered                             |
| ORL<br>Pursuant<br>office or o<br>agent 1 a<br>GNATUHE   | ANDO FL 32837  | ections 607.0502 and 6<br>oth, in the State of Floric<br>ccept the obligations of<br>ane of registered agent and title<br>OFFICERS AND DIREC<br>IAH<br>ROSS WAY | If applicable. (NOTE:<br>2TORS  | 84         City           s, the above-named corr<br>thorized by the corpore<br>icla Statutes.           Fregistered Agent signature required<br>13.           1.1 TIFLE   | vired when reinslating)  | DATE<br>CERS AND DIREC   | g its registered<br>as registered<br>ORS IN 12                |
| ORL<br>Pursuant<br>office or r<br>agent 1 a<br>SINATUHE  | ANDO FL 32837<br>to the provisions of Si<br>registered agent, or br<br>in familiar with, and a<br>Support type or printed in<br>PVSD<br>LADAK, NADIRSH<br>2710 CHARING C | ections 607.0502 and 6<br>oth, in the State of Floric<br>ccept the obligations of<br>ane of registered agent and title<br>OFFICERS AND DIREC<br>IAH<br>ROSS WAY | If applicable. (NOTE:<br>2TORS  | 84         City           s, the above-named corrected by the corporation of the corpora           | vired when reinslating)  | DATE<br>CERS AND DIREC   | g its registered<br>as registered<br>ORS IN 12<br>ge Addition |
| ORL<br>Pursuant<br>office or (<br>agent 1 a<br>GNATUHE<br>CALLER<br>ME<br>RELADORESS<br>Y-SL-ZIF<br>LF<br>ME<br>RELADORESS   | ANDO FL 32837<br>to the provisions of Si<br>registered agent, or br<br>in familiar with, and a<br>Support type or printed in<br>PVSD<br>LADAK, NADIRSH<br>2710 CHARING C | ections 607.0502 and 6<br>oth, in the State of Floric<br>ccept the obligations of<br>ane of registered agent and title<br>OFFICERS AND DIREC<br>IAH<br>ROSS WAY | If applicable (NOTE<br>CTORS<br>DELETE  | 84         City           s, the above-named correction         thorized by the corporation           icia Statutes.         the corporation           13.         1.1 ITILE           12. NAME         1.3 STREET ADDRESS           1.4 CITY-ST-ZIP         2.1 ITILE           2.2 NAME         2.3 STREET ADDRESS   | vired when reinslating)  | DATE<br>CERS AND DIREC   | g its registered<br>as registered<br>ORS IN 12<br>ge Addition |
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| ORL<br>Pursuant<br>office or r<br>agent La<br>GNATUHE<br>U   | ANDO FL 32837<br>to the provisions of Si<br>registered agent, or br<br>in familiar with, and a<br>Support type or printed in<br>PVSD<br>LADAK, NADIRSH<br>2710 CHARING C | ections 607.0502 and 6<br>oth, in the State of Floric<br>ccept the obligations of<br>ane of registered agent and title<br>OFFICERS AND DIREC<br>IAH<br>ROSS WAY | If applicable (NOTE:<br>CTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE | 84     City       s, the above-named corrithorized by the corporation statutes.     Frequistered Agent signature required as the statutes.       11     1.1 TiTLE       1.2 NAME     1.3 STREET ADDRESS       1.4 CITY - ST-ZIP     2.1 TITLE       2.1 NITLE     2.2 NAME       2.3 STREET ADDRESS     2.4 CITY - ST-ZIP       3.1 TITLE     3.2 NAME       3.3 STREET ADDRESS     3.4 CITY - ST-ZIP       3.1 TITLE     3.3 STREET ADDRESS       3.4 CITY - ST-ZIP     4.1 TITLE       4.1 STREET ADDRESS     4.4 CITY - ST-ZIP       5.1 TITLE     5.2 NAME       5.3 STREET ADDRESS     5.4 CITY - ST-ZIP       5.1 TITLE     5.3 STREET ADDRESS       5.4 CITY - ST-ZIP     5.1 TITLE       5.3 STREET ADDRESS     5.4 CITY - ST-ZIP  | vired when reinslating)  |  | ge Addition   |