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

CORPORATION



FLORIDA DEPARTMENT OF STATE

| ANNUAL REPORT Secretary of Secr |   |  |  |                |                             |       | of State                                    | ONS                  |       |  |                |               |                          |
|--|---|--|--|----------------|-----------------------------|-------|---|----------------------|-------|--|----------------|---------------|--------------------------|
| D  | OCUN<br>Corporation                         | MENT #   | P95000<br>VESTMENTS, IN  |                | 4589                        | (5)   |   |                      |       |  |                |               |                          |
|  | INCINII                                     | I AMICI III                                      | FEOTIFICITIO; 11   | 10,.           |                             |       |   |                      |       |  |                |               |                          |
|  | Principal Place of Business Mailing Address |  |  |                |                             |       |   |                      |       | 0 100010000 1100 40100 BEALL OUTE OF 114   |                |               | 10110 1511 1001          |
|  | 149 trevi Ca<br>IKE Worth                   |  |  |                | 49 trevi cou<br>Ke worth fi |       |   |                      |       |  |                |               |                          |
|  |   |  |  |                |                             |       |   |                      | -     | 3. Date Incorporated or Qualified 12/13/1995   | 3a. Da         | ite of Last F | Report                   |
| ~ 1  | Principal Pla                               | ace of Business                                  |  | <b>├</b> ─¬    | Mailing Addre               | ess   |   |                      |       | 4. FEI Number  | ~ <del>'</del> |               | Applied For              |
| 21   | C-4- A-1                                    |  |  | 26             | Outto Ant #                 |       |   |                      |       | 65-06336   |                | 60.7          | Not Applicable           |
| 22   | Suite, Apt. 4                               | #, etc.  |  | 27             | Suite, Apt. #,              | etc.  |   |                      |       | 5. Certificate of Status Desired   | K              | • -           | 5 Additional<br>Required |
|  | Orty & State                                |  |  | 28             | City & State                |       |   |                      |       | Election Campaign Financing     Trust Fund Contribution  |                |               | 00 May Be                |
| 23   | Zıçı  |  | Country  |                | <i>Z</i> ip                 |       | Country                                     | <b></b>              |       | 8. This corporation has liability for  |                |               |                          |
| 24   |   | 25   |  | 29             |                             | 3     | ю   |                      |       | Florida Statutes   | No.            |               |                          |
|  |   | 9. Name and                                      | d Address of Currer  | it Regist      | ered Agent                  |       |   | Name                 |       | 10. Name and Address of New  | Registere      | a Agent       |                          |
| SUITE 500 EAST<br>W PALM BEACH FL 33401  |   |  |  |                |                             |       |   | City                 |       |  | F              | <b>L</b> 85 Z | ıp Code                  |
|  | SNATURE _                                   |  | of Sections 607,0502  n, in the State of Floring obligations of, Sections of Sections  OFFICERS AN | and lifte if a | ggili, abic                 |       | the above-<br>by the corp<br>Registered Agr |                      |       | in submits this statement for the purif directors. I hereby accept the appointmental of the state of the stat | ĐA't           |               |                          |
| - 12.<br>Till  |   | n  | OFFICERS AN  | DIREC          | DELE                        | 11-   | 1 1 TILLE                                   | · · · - <sub>T</sub> | ·-··· | ADDITIONS/GHANGES TO OF  | IOL IIO AI     | Change        | Addition                 |
| NAN  |   | RASKIN, GL<br>4349 TREVI                         |  |                |                             |       | 1.2 NAME                                    | I ADDRESS            |       |  |                | CTI average   | DRS IN 12  Addition      |
| -  | v - ST - 7IP                                |  | TH FL 33467  |                |                             |       | 1.6 GHZ-                                    |                      |       |  |                |               |                          |
| THE  | f   | D  |  |                | DELE                        | TE TE | 2 1 TITLE                                   |                      |       |  |                | Change        | ☐ Addition               |
| NAM<br>STB   | ME<br>FE1 ADDRESS                           | RASKIN, MA<br>4349 TREVI                         |  |                |                             |       | 2 2 NAME<br>2 3 STREE                       | LADDRESS             |       |  |                |               |                          |
|  | Y-ST-ZIP                                    |  | TH FL 33467  |                |                             |       | 2 4 CITY -                                  | \$1 · <b>Z</b> IP    |       |  |                |               |                          |
| III.   |   | D  | \#404D-4   |                | □ DELF                      | 11:   | 3 1 TITLE                                   |                      |       |  |                | ☐ Change      | ☐ Addition               |
| NAM  |   | RASKIN, RA                                       |  |                |                             |       | 3 2 NAME                                    | 1 15.5.4.5.5         |       |  |                |               |                          |
|  | EET ADDRESS                                 | 164 PACIFIO<br>BROOKLYN                          |  |                |                             |       |   | 1 ADDRESS            |       |  |                |               |                          |
| CITY   | Y - ST - ZIP                                | D  | 111 11201  |                | ☐ DELF                      | TE    | 3.4 CITY -<br>4.1 T-TLE                     | 01-115               |       |  |                | Change        | Addition                 |
| NAS  |   | RASKIN, JA                                       | Y R  |                |                             |       | 4 2 NAME                                    |                      |       |  |                |               | _                        |
|  | EFT ADDRESS                                 |  | UNT AVENUE   |                |                             |       |   | LADDRESS             |       |  |                |               |                          |
| CiIY   | r-SI-ZP                                     | WARREN N   |  |                |                             |       | 4.4 Cily-                                   | ST ZIP               |       | e de la commune de la companya de l   |                |               |                          |
| til:   | E   |  |  |                | ☐ DELE                      | 16    | 5 1 Tatle                                   |                      |       |  |                | ☐ Change      | ☐ Addition               |
| NAM  |   |  |  |                |                             |       | 5.2 NAME                                    |                      |       |  |                |               |                          |
|  | REET ADDRESS                                |  |  |                |                             |       |   | T ADDRESS            |       |  |                |               |                          |
|  | Y - S1 - ZIP                                | <del>                                     </del> |  |                | Lu Di i                     | 16    | 5.4 CITY                                    | SI-ZP                |       |  |                | Change        | [] Addition              |
| 1111   |   |  |  |                | □ DELE                      |       | 6 1 31ft F<br>6 2 NAME                      |                      |       |  |                | П очатав      | ☐ vonding                |
| NAM<br>cto   |   |  |  |                |                             |       |   | 1 ADDRESS            |       |  |                |               |                          |
| əlh  | EET ADDRESS                                 | 1  |  |                |                             |       | 0 1 STUE                                    | NUMBER OF S          | I     |  |                |               |                          |

14. Lido hereby certify that the information supplied with this fling 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: Station - Cladys F Raskin 417/96

407-439-0330 Dayton, Phone #