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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000010484 (9)
OCOLA INCORPORATED

FILED Apr 10 1997 8:00am Secretary of State

OCOLA	INCURPORATED		•	•				
Principal Place	e of Business	Madi	ing Address		····			
				FSO.	•			
C/O WILLIAM F. COBB. ESO. 100 NE THIRD AVENUE SUITE 850 FORT LAUDERDALE FL 33301		100 1	C/O WILLIAM F. COBB. ESQ. 100 NE THIRD AVENUE SUITE 850 FORT LAUDERDALE FL 33301-1155					
					: :	3. Date incorporated or Qualified 02/01/1996	3a. Date of Last I	Report
	lace of Business	F	Mailing Address			4. FEI Number		oplied For
	W. Morrison Ave		2703 W. M	<u>orrisor</u>	<u> Avenue</u>	<u> </u>		ot Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	* * * * * * * * * * * * * * * * * * *	Additional lequired
City & State			City & State			6. Election Campaign Financing	\$5.00	May Be
23 Tampa,	£		Tampa, FL			Trust Fund Contribution	☐ Added	to Fees
Zip	Country		lip	Count		8. This corporation has liability for in		s. 199.032,
24 33629			33629	30 H1 I	sboroug		Yes No	····
	9. Name and Address of	Current Register	red Agent		al N.	10. Name and Address of New Reg	pistered Agent	·
	BB, WILLIAM F			8	Micha Micha	ael O'Brian		
	uston & Shahady, P.A.			j a	2 Street Ac	Idress (P.O. Box Nymber is Not Acceptable West Morr I son Avenue	le)	
	NE THIRD AVENUE SUITI			L		West Morrison Avenue		
· FOF	RT LAUDERDALE FL 33301	1		6	3			
: 5				8	4 Cay	<u> </u>	FL 85 33	629°
11. Pulsuant	to the provisions of Sections 6	607.0502 and 607	.1508. Florida Statu	utes, the abo	ve-named co	orporation submits this statement for the praction's board of directors. I hereby accep		
office or r	egistered agent, or both, in th	ne State of Florida	Such change was	authorized	by the corpor	ration's board of directors. I hereby accen-	t the appointment as	a registered
Onico di 1				The State of Charles at	D) 1174 00. p.s.	attotio posta of anoptoto, i fibioso, mocob	7	
agent. Fa	im familiar with, and accept th	ie obligations of, S	Section 607.0505, F	lorida Statut	es/ of	A. AA	10/101	
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SIGNATURE 12	organization of the state of th	ie obligations of, s	eppleade. NX	Die: Registered /	Agent signature n	Quired when feinstating)	DATE ERS AND DIRECTO	RS IN 12
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I do heroby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee 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.