

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060553 (0)

1. Corporation Name
CORPOREX OCP CORPORATION

FILED
97 JUL -7 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1075 GILLS DRIVE #300
ORLANDO FL 32824

Mailing Address

1075 GILLS DRIVE #300
ORLANDO FL 32824-8084

2. Principal Place of Business

21 P.O. Box 75020

Suite, Apt. #, etc.

22 City & State
Cincinnati, OH 45275

23 Zip

Country

24 45275

2a. Mailing Address

26 P.O. Box 75020

Suite, Apt. #, etc.

27 City & State
Cincinnati OH

28 Zip

Country

29 45275

30

3. Date Incorporated or Qualified

07/19/1996

3a. Date of Last Report

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BROCKMAN, CHRISTOPHER C
2 SOUTH ORANGE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D KLARE, JOHN
STREET ADDRESS
1075 GILLS DRIVE #300
CITY-ST-ZIP
ORLANDO FL 32824

TITLE ☐ DELETE

NAME
D BUTLER, BILL
STREET ADDRESS
1075 GILLS DRIVE #300
CITY-ST-ZIP
ORLANDO FL 32824

TITLE ☐ DELETE

NAME
HENSLEY, THOMAS
STREET ADDRESS
2509 INVESTORS ROW
CITY-ST-ZIP
ORLANDO FL 32824

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2509 Investors Row
Orlando, FL 32824

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2509 Investors Row
Orlando FL 32824

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Vice President

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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-07/09/97--01103--007
****165.00 ****165.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

JB
7-8-97

14. I do hereby 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.

SIGNATURE:

THOMAS HENSLEY, Vice President 7/7/97

CR2E034 (9/96)