## FILE NOW: FILING FEE AFTEP MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

1999

DOCUMENT # P9700068259

OCI PROPERTIES, INC.

AMENDED

Principal Place of Business Mailing Address

FILED 99 DCT -4 AM 8: 56

SECRETARY OF STATE TALLARIASSEE. FLORIDA



17933 EAST RD. HUDSON FL 34667			17933 EAST RD. HUDSON FL 34667			DO NOT V	/RITE IN THIS	SPACE		
! !							3. Date Incorporated or Quali 08/07/1997			
2. Principal P	lace of Business		2a. M	Mailing Address			4. FEI Number		117	Applied For
21			26				59-3466945			Not Applicable
Suite, Apt.	#, etc.		S	uite, Apt. #, etc.					\$8.75	Additional
22			27				5. Certifcate of Status Desired	ı 🗆		Required
City & Stat	le		28	City & State			Election Campaign Financi     Trust Fund Contribution	ng 🗅		O May Be d to Fees
Zıp		Country	Z	ip	Countr	у	8. This corporation owes the	current year int	angible	
24	25		29	[	30		Personal Property Tax.	•	XYes	□No
	9. Name and	Address of	Current Register	red Agent			10. Name and Address of Ne	w Registered	Agent	
					8					
	<del>ANDO, JOH</del> N				<u> </u>		NDO, RICHARD S.			
1793	<del>33 East RD.</del>				[8:		Address (P.O. Box Number Is Not Acc 3 RAST ROAD	eptable)		
HUE	SON FL-3466	7			8		2 INOT ION			
•					-	1				
			-		8	HUDS	Kra.	FL	85 Z	4667
L.,			07.0500	4500 50 da 60 to		HULE	UN			4667
11. Pursuant office or r	to the provisions registered agent.	or bolk, in the	07.0502 and 607 State of Florida.	.1508, Florida Statute Such change was au	s, the abo thorized b	ve-named v the corp	corporation submits this statement for pration's board of directors. I hereby a	the purpose of cept the appoi	changing in niment as	its registered registered
agent I a	ım familiar with,	and accept the	igalions on S	ection 607.0505, Flori	ida Statute	В.				
SIGNATURE	¥	0				_		09/30	)/99	
	Signuture, typed or pr	inted name of registe	ered agent and title if as	plicable. (NOTE.		ent signature r	equired when reinstating)			
	<del>,</del> -	OFFICE	RS AND DIRECT	10/15	13.		ADDITIONS; CHANGES TO	CFFICERS AN		
TITLE	D			M DELETE	1 TITLE		# TO 1 TO	on a c	Chang	e Addition
NAME	ORLANDO, J				1.2 NAME		500 <u>0</u> 0	/73/36_	กรกกร	<u> </u>
STREET ACORESS	17933 EAST	RD.			1.3 STRE	ET ADORESS	1 UI skrakes	/13/33  ***61.25	01005	**61.25
CITY-ST-ZIP	HUDSON FL	34667			1.4 CITY-	ST-ZIP		F##01.23	d-d-d-	
TITLE				DELETE	2.1 TITLE		D/P/T		Change	e 🔣 Addition
NAME					2.2 NAME		ORLANDO, RICHARD S.			
STREET ACCRESS	<u> </u>				23 STRE	ET ADDOESS				
CITY-ST-ZIP	1					L'ADDRESS.	17933 EAST ROAD			
TITLE					2.4 CITY-		HUDSON, FL			_
NAME	I			☐ DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP	HUDSON, FL	<u></u>	Chang	e Addition
l				☐ DELETE		ST-ZIP	HUDSON, FL VP/S	<del></del>	Chang	e 🙀 Addition
STREET ADDRESS				☐ DELETE	3.1 TITLE 3.2 NAME	ST-ZIP	HUDSON, FL VP/S ORLANDO, LILY	<del></del>	Chang	e Addition
STREET ADDRESS CITY STUZIP				☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE	SY-ZIP ET ADORESS	HUDSON, FL VP/S ORLANDO, LILY 17933 EAST ROAD	<del></del>	Chang	e 🔀 Addition
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thereby 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; that each an effect or director of the corporation or the nyewer 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 changing, or on an article the manual report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changing.

SIGNATURE: X

RICHARD S. ORLANDO HTFD ON PRINTED NAME OF SHANING OFFICER OR DIRECTOR

09/30/99 (727) 863-4237 10x(),q2 (0q1q) #