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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Jan 22 1998 8:00am Secretary of State

11 QQ: P=: ab.	11.444	# P9700 OCH, INC.	1007	1507 (2)	l			* ********* *** **** ***** ***** ***** ****	
Principal Place of Business				Mailing Address				I regulate the Abili reas, west fabilities and a seas a seas a seas	
15528 ALLMAND DRIVE				15528 ALLMAND DRIVE					
HUDSON FL 3	94667		н	HUDSON FL 34667				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	٦
								08/18/1997	1
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	1
21				26				Not Applicable]
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22				27				Fee Required	4
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
Zip Country			28	Z Iρ Coul			Trust Fund Contribution		-
24		25	29	E-197	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	1
	9. Name and Address of Current			···			10. Name and Address of New Registered Agent		
FAIRBANKS, WALTER							Name		1
		ND DRIVE			-	2	Stroot Add	ress (P.O. Box Number is Not Acceptable)	-
HUDSON FL 34667						-	SHEEL AUG	ress (F.O. box Number is Not Acceptable)	1
					8	3			7
						4	City	85 Zip Code	-
7 *							Oity	FL s z code	
11. Pursuant t	lo the provis	sions of Sections 607.0	502 and 6	07.1508, Florida Statu	tes, the abo	ve	-named corp	poration submits this statement for the purpose of changing its registered ition's board of directors. I hereby accept the appointment as registered	1
agent lar	m familiar w	ith, and accept the obl	igations of	f, Section 607.0505, FI	orida Statut	es.	the corpora	more poard or directors. Theroby accept the appointment as registered	1
SIGNATURE									
	Signature types	or printed name of registered a				gen	nt signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-16
12.	OFFICERS AND DIRECTORS DELETE			1.1 TITL	13.			13	
NAME				1.2 NA			ļ	11 de a Fairel de la companya della companya de la companya della	}
STREET ADDRESS	HFSS			•			ADDRESS	walter landsack S	8
CITY-ST-ZIP				1		1.3 STREET ADDRESS 1.4 CHTY - ST - ZIP		President Change Maddition walter Fairbanks 1557 E Allmand Dr. Hudson, FL 34667 Change Addition	
TOTLE	1			DELETE 2.17				☐ Change ☐ Addition	16
NAME				2.2 N/		E			
STREET ADDRESS	ADDRESS			2 3 ST			ADDRESS		l
CITY-ST-ZIP				2.40			T-ZIP		
THTLE				☐ DELETE 3.				Change Addition	1
NAME				3.2 N/		£			
STREET ADDRESS					3.3 STRE	ET A	ADDRESS		1
CITY-ST-ZIP					3.4. CITY	′- \$T	T - ZIP		4
TITLE				☐ DELETE	4.1 1/100		1	Change Addition	
NAME				4. 2 N					
STREET ADDRESS					4.3 STRE	ET A	ADORESS		
CITY-ST-ZIP	DELETE					4.4 CITY - ST - ZIP		Change Addition	-
TITLE	L.J VILLETE				5.1 TITLE		Change Addition	Ţ	
NAME EXPERT ADDRESS					52 NAM		Monorce	14/12	
STREET ADDRESS					5.3 STAE				ļ
CITY-ST-ZIP TITLE	DELETE					6.4 CHY-ST-ZIP 6.1 TITLE		70000240974Change DAddition	1
NAME				pectic	6.2 NAM			-01/23/9801005009	
STREET ADDRESS					6.3 STRE		ADDRESS	***150.00	1
CITY-ST-ZIP									
	artify that th	o information cumplical	with this f	ilina dose not qualify f	64 CHY			Section 119 07/3Vi). Florida Statutes, I further certify that the information	1

Interest certain the information supplied with this tiling toos not quality 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.