CORF	ROFIT PORATION AL REPORT 999		FLORIDA DEPAR'I Katherin Secretary DIVISION OF CO	e Harris of State	FILED 99 OCT -5 AM IO: 1	11
OCUM Corporation I		8000059	749		SECRETARY OF STATE TALLAMASSES. PLOT	
18405	N FASHION W. DIXIE FL33180 of Business		CORP.,			ALD T
i apro i iave i	or Dusiness	1916	ming Address			
					DO NOT WRITE IN THIS	SPACE
					3. Date incorporated or Qualifed	
Denocional Office	ce of Business	T 22	Mailing Address		07/07/98 4. FEI Number	
чтистрат етак	ce or business	26	Mailing Address		1	Applied For Not Applicable
Suite, Apt. #,	etc	26	Suite, Apt. #, etc.			\$8.75 Additional
		27			5. Certifcate of Status Desired	Fee Required
City & State		28	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Count		Zip	Country	B. This corporation owes the current year Interest.	
	25	29	3	90	Personal Property Tax.	☐ Yes ☐ No
				81 Name	10. Name and Address of New Registered	
	A. FREEM		£ 1.42E	81 Name 82 Street A	ROBERT N. PELIER, ESO	
2601 S	. BAYSHOR	E DRIVE, #	1425	82 Street A	ROBERT N. PELLER ESO 1431 PONCE DE LEON BLVD	
2601 S		E DRIVE, #	1425		ROBERT N. PELIER, ESO	
2601 S	. BAYSHOR	E DRIVE, #	1 1425	82 Street A	ROBERT NAME DE LEON BLVD	•,
2601 S MIAMI,	E. BAYSHOR FL 33133	E DRIVE, #	1 D	82 Street A 83 Street A	ROBERT N. DELLER ESO 1431 PONCE DE LEON BLVD CORAL GABLES FI	• , 85 3½ Code
2601 S MIAMI,	E. BAYSHOR FL 33133	E DRIVE, #	1 D	82 Street A 83 Street A	CORAL GABLES Corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appointment of the purpose of the purpo	• , 85 3½ Code
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14. 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 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 cettify 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #