PROFIT CORPORATION ANNUAL REPORT

📉 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000079334 1. Corporation Name

OCULI CORP.

Principal Place of Business	Mailing Address	_

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90011 027 ***150.00



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Principal Place	e of Business		М	lailing Address								
5641 ORANGE DRIVE 5641 ORANGE DRIVE FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314							DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualifed				
								09/08/1998				
2. Principal P	cipal Place of Business 2a. Mailing Address						7	4. FEI Number	'Apr	olied For		
21	·			26				65-0863042	Not	Applicable		
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.			_ ;	5. Certificate of Status Desired	\$8.75 A Fee Re			
City & Stat	e		T='	City & State				6. Election Campaign Financing	\$5,00	May Be		
23			28					Trust Fund Contribution	Added to	Fées		
Zip		Country	7	Zip	Cour	itry		8. This corporation owes the current year Ir	ıtangible			
24	25		29	30				Personal Property Tax.	☐ Yes	No		
	9. Name and	Address of Current	Regi	stered Agent			10. Name and Address of New Registered Agent					
_		_			ŀ	81 Name	Δ1	fred Zeretzke				
SCORPIO, CHARLES					ŀ	82 Street A		ss (P.O. Box Number is Not Acceptable)				
5641	i orange dr	IVE				5641 Orange Drive						
FT. LAUDERDALE FL 33314				Ţ	83							
						24 00			85 Zip C	odo.		
						84 City	\mathbf{F}	t. Lauderdale 📕		314		
11. Pursuant	to the provisions	of Sections 607.0502	and 6	607.1508, Florida Statutes, th	ne ab	ove-named o	corporati	ion submits this statement for the purpose o	f changing its	registered		
office or I	egistered agent,	or both, in the State of	f Flori	ida. Such change was author	rized Statu	by the corpo	oration's	board of directors. I hereby accept the appo	intment as reg	pistered		
	iiii lamiivai wiio; a	and acceptable bongan	UIIS U		W			01-05-	44			
SIGNATURE	Signature, typed or pr	inted name of registered agent	and title			Agent signature re	equired whe	en reinstating) DATE		 }		
					13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO			
TITLE	PD			☐ DELETE	1.1 TITI	.E	S	m	Change	Addition Addition		
NAME	ZERETZKE,	ALFRED			1.2 NA	νtΕ	5	1				
STREET ADDRESS					1 3 STF	REET ADDRESS						
CITY-ST-ZIP	{	DALE FL 33314		1	1.4 CIT	Y-ST-ZIP				.,		
TITLE	STD			DELETE	2.1 TITI	LE			☐ Change	☐ Addition		
NAME	HENRY, DOI	NNA		^	2.2 NAI	ME						
STREET ADDRESS	L COAL OBANG				2.3 STF	REET ADDRESS						
CITY-ST-ZIP		DALE FL 33314			2. 4 CIT	Y-ST-ZIP		•				
TITLE				☐ DELETE	3.1 7177	LE .			☐ Change	☐ Addition		
NAME					3.2 NA	ME .						
STREET ADDRESS	1				3.3 STF	REET ADDRESS						

6.4 CITY-ST-ZIP 14. I 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, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

☐ DELETE

Zeretzke

Change

Change

☐ Addition

☐ Addition

☐ Addition