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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	1300	TEE	DIVISION OF	CORPOR	RATIONS				
OCUN Corporation	/ENT #	S212	09	(9)						
CLEA	-CUT LAWI	N SERVICES,	INC.							
incipal Place o	of Business		Mai	iling Address	· · · · · · · · · · · · · · · · · · ·					
1101 E FIRS	ST AVE			1101 E FIRST AVE						
HIALEAH FL	. 33010			HIALEAH FL 33010						
							 Date incorporated or Qualified 01/01/1991 		e of Last F 02/21/1	
Principal Pla	ce of Business		2a.	Mailing Address			4. FEI Number		02/2 1/1	Applied For
	*		26				65-0238629			Not Applicable
Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State				City & State			6. Election Campaign Financing			May Be
		Country	28	7	T		Trust Fund Contribution		Adde	d to Fees
zip	25	Country	29	Zip	30	ıntry	8. This corporation has liability for Florida Statutes	r intangible t s	ax under s	199.032,
		Address of Curre		ered Agent	1001		10. Name and Address of New		Agent	· · · · · · · · · · · · · · · · · · ·
						81 Name				
	IAN III, JOHN I	Р.				82 Street Add	ress (P.O. Box Number is Not Accepta	błe)		·
	FIRST AVE H FL 33010					83				
	1116 00010									
IIIALLA									144 7	p Code
Pursuant to or registere familiar with	o the provisions of dagent, or both a, and accept the	of Sections 607,050 , in the State of Flo a obligations of, Sec	02 and 607 rida Such ction 607.0	.1508, Florida Statute change was authorize 505, Florida Statutes.	s, the abo	000 Ve-named corporation's boa	pration submits this statement for the purard of directors. I hereby accept the app	FL urpose of ch pointment as	_	•
Pursuant to or registere familiar with	ignature. lyped or print	of Sections 607,055, in the State of Floor obligations of, Section and of registered agri- OFFICERS AF	nnt ar dithtie if ap	iplicable (NO:		′		urpose of choointment as	anging its s registered	registered offic dagent. I am
Pursuant to or registere familiar with GNATURE s	DP	ed name of registered age OFFICERS AT	nnt ar dithtie if ap	iplicable. (NO:	13.	ove-named corporation's board Agent signature require	ed when reinstating)	Urpose of choointment as DATE FICERS AND	anging its s registered	registered offic dagent. I am
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dept Dept Proper 1