FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1	1996				DIVISION OF CO			ONS					
	OCUN Corporation	/ENT Name		0216	、									
	GREA	t souti	HERN TRA	DE AND (
Pri	Principal Place of Business Mailing Address													DOBUM TROPE DIGIN 1001
720 ARJAY WAY						720 ARGAY WAY								
WINTER PARK FL 32789					WINTER PARK FL 32789 US									
US					us					3. Date Incorporated or Qualified 12/20/1991	d 3a. Date of Last Report 05/01/1995			
2.	Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For	
21	<u> </u>				26 720 AR JAY						59-3098951	Not Applicable		
22	Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired			75 Additional se Required
	City & State				City & State						6. Election Campaign Financing			.00 May Be
23	3.1, to blade				28						Trust Fund Contribution			ded to Fees
24	Zip	Country 25				Zip Cou 29 30					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
Name and Address of Current Registered Agent									,		10. Name and Address of New R	egistered A	igent	
								81	Name					
FITZGIBBONS, THOMAS M.								82	Street	t Address (P.O. Box Number is Not Acceptable)				
1800 SECOND ST.								83	 					
SUITE 775														
SARASOTA FL 34236								84 City				FL	85	Zip Code
11	. Pursuant to	the provisi	ons of Section	s 607.0502 a	nd 607.1	508, Florida Statut	Ll >ve∙r	l named co	orporat	ion submits this statement for the pur	pose of cha	L nging i	ts registered office	
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, familiar with, and accept the obligations of, Scotion 637.0505, Florida Statutes.														red ägent. I am
SIGNATURE Signature, typed or printed name of registered agent and title Lappicable (NOTE: Pagistance Agent											Associations	DATE		
12		signature, typed			ID DIRECTORS				it signature t	edimen w	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12
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1	ME		NICK, RICHA					AME						
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1	ME						621					_		

6.3 STREET ADDRESS 6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 shanged, or on an attachment with an address.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1996

(407) 647-3746 Daytime Phone #