PROFIT CORPORATION ANNUAL REPORT 1996		DiVISI	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Division OF CORPORATIONS		_			
OCUMI Corporation Na J BUILDE		<b>47</b> ((	0)					
Hincipal Place of Business  830 CHRISTINA CIRCLE OLDSMAR FL 34677 US  Mailing Address  830 CHRISTINA CIRCLE OLDSMAR FL 34677 US						Dute Incorporated or Qualified     3a. Date of Last Report		
						02/07/1992	05	5/01/1995
. Principal Piace	e of Business	2a. Mailing Addr	ess			4. FEI Number 59-3139645		Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		27   City & State				Election Carripaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
   Zip 	Country	7ip	30	Country			₃ 🔲 No	
	9. Name and Address of Curr					10. Name and Address of New I	Registered .	Agent
				81	Name		5.3	······································
CHARNO	CK, WILLIAM T. III			82	Street Add	Iress (P.O. Box Number is Not Acceptal	Die)	
	RING HILL DR. HILL FL 34606			83				
SEMINO	HILL I E 04000			84	City			85 Zip Code
						pration submits this statement for the pu and of directors. I hereby accept the app	FL roose of ch	anging its registered offi
1. Pursuant to	the provisions of Sections 607.0 d agent, or both, in the State of F i, and accept the obligations of, S	502 and 607, 1506, Flori forida. Such change was	s authorized b	hii tha corn	acotion's bo		oointment as	aredistered agent. Lam-
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familiar with	i, and accept the obligations or, o	egient and little if applicable  AND DIRECTORS	per i	Registered Agre			DATE FICERS AND	DIRECTORS IN 12
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6.4 C/Y - 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1 (&13) 854-2125