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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

	1996	96 WE 18		DIVISION C	OF CORPOR	ATIONS						
OCUI Corporation	MENT #	V4588	0	(4)	)							
TOM	OKA BANCORP, I	NC.										
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incipal Place	of Business	<del></del>	Mailing	Address								
201 \$ NO			20	1 S NOVA RD								
ORMOND	BEACH FL 32175-5068			RMOND BEACH	FL 32175-505	58						
							3.	Date Incorporated		3a. Dat	e of Last	•
Principal Pla	ace of Business		2a Mai	ling Address				06/25/1997 FEI Number	!		05/01/	<del>, </del>
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Suite, Apt. #	#, etc.			e, Apt. #, etc.			5.	Certificate of Status		<u></u>	\$8.7	5 Additional
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Ony & State	•		28 City	& State			,	Election Campaign Trust Fund Contrib				00 May Be
Z <sub>I</sub> p	Country		Zip		Cou	ntry		This corporation ha				ed to Fees s 199.032.
	25		29		30			Florida Statutes	Yes	□ No		
	9. Name and Addres	s of Current R	legistered	l Agent		<b>A</b> 4		Name and Addres	ss of New R	egistered	Agent	
DADO	AN THOMAC II				į	81 Name						
	an, thomas H. Nova RD					82 Street	Address (P.0	O. Box Number is N	lot Acceptab	le)		
	ND BEACH FL 3217!	5-5058			<u> </u>	83					· · · · · · · · · · · · · · · · · · ·	
0711110	TO DESCRIPTE OF THE	, 0000						·				
					]	64 City				FL	85 2	lip Code
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NATURE	Signature, typed or printed name o	ions of, Section	title if applicat	, Florida Statute	S.		required when rein	nslating)	<del>-</del>	DATE		
NATURE _	Signature, typod or printed name o	fregistered agent and	title if applicat	, Florida Statute	S. OTE: Registered	Agent signature	required when rein	nslatingi ADDITIONS/CHANC	GES TO OFFI	DATE CERS AND		
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SIGNATURE:

Morrad Holongo Signing of Signing of Fices on Director Thomas Holongo Program Program Program Control Thomas Holongo Program P

4/25/96 904-672-5100 Darking Phone #