FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

| COR ANNU | PROFIT CORPORATION ANNUAL REPORT - 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | | Jun 19, 1999 8:00 am Secretary of State 06-19-1999 90003 024 ***550.00 | | | |
|---------------------|---|---|---------------------------------------|--|---|--|--|
| OCUN Corporation | MENT # V | S6025V. ALTHOBRO | KERAGE | Co. | | · . | |
| nincipal Place | of Business | Mailing / | Address | AD | | : | |
| • • | 7/P6.0/ K100 B/ K1/1 VC | | | | DO NOT WRITE IN THIS SPACE | | |
| | -SQ TA | MARACIE | 33321 LORINA | 33321 | 3. Date Incorporated or Qualified | VEAR | |
| | ace of Business | 2a Maili | ng Address | | 4. FEI Number 05-0466953 | Applied For Not Applicable | |
| Suite, Apt. | | Suite | Apt. #, etc. | · · · | 5. Certificate of Status Desired | \$8.75 Additional | |
| City & State | - 400E | 27 City | & State |) 일 형 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Coun | · · · · · · · · · · · · · · · · · · · | 30 | Country | This corporation owes the current year Personal Property Tax. | Intangible | |
| , | 9. Name and Add | ress of Current Registered | Agent- | 81 Name | 10. Name and Address of New Register | ed Agent | |
| 1 | D. 1.10:00:00 6 | Addition U-0 | and the second | -+24. | N/A | | |
| 5-10 | | MINKER | , | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | | |
| / | スタフー | New 87 AU | JE - | 83 | | | |
| ٠. | TANIARA | E/FL. 33 | 321 | 84 City | | 85 Zip Code | |
| office or re | egistered agent, or bo | ections 607.0502 and 607.150 th, in the State of Florida. Su except the obligations of, Secti | ch change was auth | iorized by the corpora | rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap | of changing its registered pointment as registered | |
| m²w≖TÜHE ' | | me of registered agent and title if applica | NOTE: B | egistered Agent signature requ | DATE | _~ | |
| | Signature, typed or printed ha | OFFICERS AND DIRECTOR | _ | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 | |
| <u></u> | PRESIDE | NT | DELETE | 1.1 TITLE | | ☐ Change ☐ Addition ☐ | |
| - | DAULO 1 | NW87 AUG NW87 AUG ML 3333 | A C | 1.2 NAME | | CR2E034 | |
| TET ADUNCSS | 76270 | N M & TOO | 2018 3 | 1.3 STREET ADDRESS | \ | H | |
| ····st.zip | | | , r - , , , | 1,4 CITY-ST-ZIP | | ☐ Change ☐ Addition ☐ | |
| | TREASUL | 2 E K | ☐ DELETE | 2.1 TITLE | | Citatile Discussion | |
| - | 12/ - S.C | ROMAN BLUD | | 2.2 NAME 2.3 STREET ADDRESS | \ | | |
| ADDRESS | 136 8 3.0 | ESIDENT LINKER 87 AVE | · · · · · · · · · · · · · · · · · · · | 2.3 STREET ADDRESS | | | |
| ···ST-ZIP | VICE PR | SIDENT | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition | |
| | FOWARD | LINKER | | 3.2 NAME | | | |
| I AUURUSSI | 7677 NW | STAVE | • | 3.3 STREET ADDRESS | \checkmark | | |
| ST-ZIP | TAMARAC | , FL. 33321 | | 3.4. CITY-ST-ZIP | | | |
| | | ; · · - · · | □ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition | |
| = | | | | 4. 2 NAME | / \ | | |
| ··· I AUDHESS | | | | 4.3 STREET ADDRESS | / \ | | |
| ST ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| | | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | |
| - | · · · · · · · · · · · · · · · · · · · | | • | 5.2 NAME | 1 | · | |
| ··· TI ADDRESS | | | | 5.3 STREET ADDRESS | ` | | |
| ST-ZIP | | | | 5.4 CITY-ST-ZIP | | Channe Classics | |
| ĺ | | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | |
| ! | • | | | 6.2 NAME | | | |

6.4 CITY-ST-ZIP 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 chapted for an attachment with an address, with all other like empowered.

SINATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Detail | Description | Descr

6.3 STREET ADDRESS

_ : ADDRESS

=:::

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