FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 355017 (5)

1. Corporation Name
OCRAM INC

Principal Place of Business
200 OCEAN LANE DR.
UNIT 902
KEY BISCAYNE FL 33149

Mailing Address
200 OCEAN LANE DR.
UNIT 902
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1969
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business
21 8592 ROSWELL ROAD
22 Suite, Apt. #, etc. APT 537
23 City & State ATLANTA GA
24 Zip 30350 Country
25

2a. Mailing Address
26 8592 ROSWELL ROAD
27 Suite, Apt. #, etc. APT. 537
28 City & State ATLANTA GA
29 Zip 30350 Country
30

4. FEI Number 59-1274348 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ELWOOD, ELIZABETH
200 OCEAN LANE DR #902
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent
81 Name: George H. DeCarion
82 Street Address (P.O. Box Number is Not Acceptable): ~~APT. 625~~
83 12601 SW 67th Ct.
84 City: Miami, ~~GA~~ FL
85 ZIP: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: George H. DeCarion 2/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELWOOD, ELIZABETH
STREET ADDRESS	200 OCEAN LANE DR., UNIT 902
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	VSD
NAME	BYRD, LYNN
STREET ADDRESS	200 OCEAN LANE DR., UNIT 902
CITY-ST-ZIP	KEY BISCAYNE FL 33149
TITLE	VDAS
NAME	KING, LINDA L
STREET ADDRESS	177 PLANTATION TRACE
CITY-ST-ZIP	WOODSTOCK GA 30188
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	8592 ROSWELL ROAD APT. 537
14 CITY-ST-ZIP	ATLANTA GA 30350
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	200 OCEAN LANE DR UNIT 905
24 CITY-ST-ZIP	KEY BISCAYNE FL 33149
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 the 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] 12/2/95 (305) 643-9699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Telephone Number

0101001 CP