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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90141 034 \*\*\*150.00

OCUMI . Corporation Na	ame	K30556				
2001	MARI	nodtr	J	n o		
Principal Place of	Business		<del></del>	Mailing A		

. Mailing Address

				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
						Aug. 8, 1988			
2. Principal F	Place of Business 2a	. Mailing Address				4. FEI Jumber		Apr	plier For
1604	nE and St 1:16	nead St 16 604 NE 2ND St			<b>}</b>	65-0118686 V Not A			t Applicable
Suite, Apt.	· ·	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
7 <u>1a</u>		aay						Fee Re	<del></del>
City & Stat	0 , -/- L_	DANIA BE	ach	FL		6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00</b> Added to	
Zip	Country	Zip ·	Соиг	,		8. This corporation owes the current year	ar Intar	ngible	
- 3300	14 25 USA 29	33004	[20] <i>U</i>	15P	1	Personal Property Tax.		Yes	Z 10
	9. Name and Address of Current Regis	stered Agent				10. Name and Address of New Registe	<u>۱۸ bere</u>	gent	
			,	81 N	Name				
Rut	MAGRAMIC		<u> </u>	<b>82</b> S	Street Addr	ss (P.O. Box Number is Not Acceptable)			
ind	nemd ST #2	лЦ	Ĺ						
<i>ω</i> 09	VI C 2762	دے	í	83					
DWU	in A Beach Fl 3300	7	Ī	84 C	City		FL	85 Zip C	ebo
agent. ۱ د SIGNATURE	m familiar with, and accept the obligations of	,		_	mature required	when reinstating) DAT			<del>-</del>
12.	CFFICERS AND DIRE		13.	- gom org	gradua zonania	ADDITIONS/CHANGES TO OFFICER		DIRECTO	R\$ IN 12
TITLE	JUDI HH MADDAMUEL	☐ DELETE	11777	E				Change	Addition
NAME	PROS		1.2 NA	ИE	)				
STREET ADDRESS	604 n. Ezal St.	1	1.3 STF	REET ADI	DRESS				
CITY-ST-ZIP	DAMIA french F.	33004	1.4 CIT	Y-ST-ZIF	P_				
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NAME	Rush mara Angli		2.2 NA	ΜE	-				
STREET ADDRES 3			2.3 STF	REET ADI	DRESS				
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STREET ADDRESS			33 STF	REET ADO	DRESS				
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TITLE		☐ DELETE	4 1 TITL	E.				Change	Addition
NAME			4. 2 NA	ME	1				
STREET ADDRESS	)		4.3 STF	EET ADE	DRESS				

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I herety certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5 3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRE 3S

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition

Addition