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

Mailing Address

PROFIT **CORPORATION** ANNUAL REPORT

1999



-FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K21692

Principal Place of Business

OCEAN-EXPRESS SERVICES, INC.

16969 NW 67 AVENUE		16969 NW 67 AVENUE						
208 HIALEAH FL 33015		208 HIALEAH FL 33015		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualifed				
					04/22/1988			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26			65-0054239	N	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75	Additional	
22		27	27		5. Certificate of Status Desired	Fee R	Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Inta		_	
24	25 29 30				Personal Property Tax. Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
ECA	N, ALAN		81	Name				
		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		-		
	9 MW 67 AVENUE 208 E 208		-			e e o includios. Transcriptoria	20 CA (4 CA	
	EAH FL 33015		83				Phillips.	
I II/AL	LAIT I C 33013		84	City	· September of the letter of the letter	85 Zip	Code A I'i	
					14 种的 20 Table 19 11 11 11 11 11 11 11 11 11 11 11 11		S 8 1 7 1	
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 Stonature, tycod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered age	ent and little if applicable. (NOTE: Regi ND DIRECTORS	13.	t signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIRECT	OPS IN 12	
12.	PS OFFICERS AI		1.1 TITLE	Т		Change		
NAME	EGAN, ALAN	C. Seelle	1.2 NAME			g-		
STREET ADDRESS	16969 NW 67TH AVE, SUITE 2	200	1.3 STREET	**************************************	:			
1 1	HIALEAH FL 33015	i i	1.4 CITY-ST		•	,	.	
CITY-ST-ZIP	TVP		2.1 TITLE	1-ZIP		☐ Change	Addition	
NAME	EGAN, JULIA		2.2 NAME				_	
STREET ADDRESS	16969 NW 67TH AVE, SUITE 2	i i	2.3 STREET	ADDRESS				
	HIALEAH FL 33015		2.4 CITY-S					
CITY-ST-ZIP	THALEATTE 30013		3.1 TITLE	1-21		☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS		i i	3.3 STREET	ADDRESS				
1			3.4. CITY-S					
CITY-ST-ZIP			4.1 TITLE	1- ZIF		Change	. Addition	
NAME		— 1	4. 2 NAME]	••		_	
STREET ADDRESS			4.3 STREET	ADORESS				
CITY-ST-ZIP			4.4 CITY-ST					
TITLE			5.1 TITLE	-		☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS			į	
CITY-ST-ZIP	: .		5.4 CITY-\$1	r-ZIP				
TITLE			6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME		_	6.2 NAME		•	_		
STREET ADDRESS			6.3 STREET	ADDRESS				

CITY-ST-ZIP 14. 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 changed, or on an attachment with an exercise with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90038 045 ***150.00