

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K38352** (6)

1. Corporation Name
OCEAN CAFE, CORP.



Principal Place of Business: **1755 N CONGRESS AVE. BOYNTON BEACH FL 33426**
Mailing Address: **P.O. BOX 3869 BOYNTON BEACH FL 33426**

3. Date Incorporated or Qualified: **10/12/1988** 3a. Date of Last Report: **05/01/1995**
4. FFI Number: **NOT APPLICABLE** 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

2. Principal Place of Business
21 **1100 Linton Blvd** 26 **P.O. Box 4727**
Suite, Apt. #, etc.
22 **Suite C-9** 27
City & State
23 **Delray Beach FL** 28 **Portsmouth NH**
Zip Country Zip Country
24 **33444** 25 Country 29 **03802** 30 Country

9. Name and Address of Current Registered Agent
**CRITCHFIELD, RICHARD H
1745 N CONGRESS AVE.
BOYNTON BEACH FL 33426**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (Print Name of Registered Agent and Office Address) (Print Registered Agent Signature and Office Address) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MARK	1.2 NAME	Walsh, Mark
STREET ADDRESS	1755 N CONGRESS AVE.	1.3 STREET ADDRESS	1100 Linton Blvd Ste C-9
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	Delray Beach FL 33444
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MARK	2.2 NAME	Walsh, Mark
STREET ADDRESS	1755 N CONGRESS AVE.	2.3 STREET ADDRESS	1100 Linton Blvd Ste C-9
CITY-ST-ZIP	BOYNTON BEACH FL 33426	2.4 CITY-ST-ZIP	Delray Beach FL 33444
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Mark Walsh Pres* **MARK WALSH** **4/29/96** **407 279 9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date/Time Check #)

CR2E034 (12/95)