

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K38355 (9)**

1. Corporation Name
OCEAN BRACON, 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. FEI Number: **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**
Suite, Apt. #, etc.: **22 Suite C-9**
City & State: **23 Delray Beach, FL**
Zip: **24 33444** Country: **25**
2a. Mailing Address: **26 P.O. Box 4727**
Suite, Apt. #, etc.: **27**
City & State: **28 Portsmouth NH**
Zip: **29 03802** Country: **30**

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 607.1503 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS WALSH, MARK 1745 N CONGRESS AVE. BOYNTON BEACH FL 33426	1.1 TITLE	DPS. Walsh, Mark
NAME		1.2 NAME	1100 Linton Blvd Ste C-9
STREET ADDRESS		1.3 STREET ADDRESS	Delray Beach FL 33444
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	T WALSH, MARK 1755 N CONGRESS AVE. BOYNTON BEACH FL	2.1 TITLE	T. Walsh, Mark
NAME		2.2 NAME	1100 Linton Blvd Ste C-9
STREET ADDRESS		2.3 STREET ADDRESS	Delray Beach FL 33444
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 reported 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, unchanged, or on an attachment with an address.

SIGNATURE: *Richard H. Critchfield* PRES. _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)