

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)


APPROVED  
AND  
FILED

1997 OCT 23 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K89650 (1)</b>					
1. Corporation Name <b>1027 EAST OCEAN CORP.</b>					
Principal Place of Business <b>% JEFFREY A. MICHELSON, M.D. 1027 EAST OCEAN BLVD. STUART FL 34996</b>			Mailing Address <b>% JEFFREY A. MICHELSON, M.D. 1027 EAST OCEAN BLVD. STUART FL 34996</b>		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/19/1989</b>		3a. Date of Last Report <b>04/23/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>65-0125337</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JEFFREY A. MICHELSON 1027 E OCEAN BLVD STUART 34996</b>				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number) <b>00000229230--3</b>			
83. City				84. City			
85. Zip Code <b>FL</b>				86. Zip Code <b>34996</b>			

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President
NAME	<b>COLLINS, EVAN M</b>	1.2 NAME	<b>Jeffrey Michelson</b>
STREET ADDRESS	<b>1027 EAST OCEAN BLVD</b>	1.3 STREET ADDRESS	<b>1027 E Ocean Blvd</b>
CITY-ST-ZIP	<b>STUART FL</b>	1.4 CITY-ST-ZIP	<b>Stuart, FL 34996</b>
TITLE	S	2.1 TITLE	
NAME	<b>MICHELSON, MELINDA B.</b>	2.2 NAME	
STREET ADDRESS	<b>1027 EAST OCEAN BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	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 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.

SIGNATURE:

*[Signature]*

7/29/97 561-398-9400

CR2E034 (4/97)