

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # M18656 (2)
 1. Corporation Name
OCEAN ARTS, INCORPORATED



Principal Place of Business
C/O WALTER ALLEN STEARNS
9121 SW 103 AVE.
MIAMI FL 33176

Mailing Address
C/O WALTER ALLEN STEARNS
9121 SW 103 AVE.
MIAMI FL 33176-1649

3. Date Incorporated or Qualified **07/29/1985** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-2580792** 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 **7014 SAN SEBASTIAN CIRCLE**
 State, Apt. #, etc.
 22 City & State
 23 **BOCA RATON, FL**
 Zip Country
 24 **33433** 25 **BROWARD**

2a. Mailing Address
 26 **7014 SAN SEBASTIAN CIRCLE**
 Suite, Apt. #, etc.
 27 City & State
 28 **BOCA RATON, FL**
 Zip Country
 29 **33433** 30 **BROWARD**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEARNS, WALTER ALLEN
9121 SW 103 AVE.
MIAMI FL 33176

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
7014 SAN SEBASTIAN CIRCLE
 83
 84 City **BOCA RATON** **FL** 85 Zip Code **33433**

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEARNS, WALTER ALLEN	
STREET ADDRESS	9121 SW 103 AVE.	
CITY-ST-ZIP	MIAMI FL --	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEARNS, KAREN	
STREET ADDRESS	9121 SW 103RD AVE.;	
CITY-ST-ZIP	MIAMI FL --	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STEARNS, ROBERT	
STREET ADDRESS	9000 SW 103RD AVE.	
CITY-ST-ZIP	MIAMI FL --	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7014 SAN SEBASTIAN CIRCLE
1.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33433
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7014 SAN SEBASTIAN CIRCLE
2.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33433
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	7014 SAN SEBASTIAN CIRCLE
3.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33433
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Walter Allen Stearns, President* X 3-19-97 X (561) 368 4567
 WALTER ALLEN STEARNS, PRESIDENT Date: _____ Daytime Phone: _____

CR2E034 (9/96)