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CORPORATION ANNUAL REPORT 1997



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600070130 (5)

OCEANIA INVESTMENTS, INC.

FILED Apr 25 1997 8:00am Secretary of State



Principal Place of Business 6703 COBBLER PLACE			М	Mailing Address				'''	1 10011301 118 10110 21111 DE111 CE111 CE111 CONT CONT STATE 11111 CE11 (CONT					
				8703 COBBLER PLACE TAMPA FL 33815-1541										
TAMPA FL 3361	15		18	MPA PL 33013-13	199-1									
								08/	e Incorporated o 22/1996		ļ	e of Last F	Report	
2. Principal Place of Business			28	28. Mailing Address				4. FEI	4. FEI Number 59-34054			A	pplied For	
21			26						57-39059				ot Applicable	
Suite, Apt. #, etc.				Suite Apt #, etc.				5 . Cer	tificate of Status	Desired			Additional	
22 City & State			27	City & State								· · · · · · · · · · · · · · · · · · ·	equired	
City & State				28			3	ction Campaign f st Fund Contribu	-	П		May Be to Fees		
	Zip Country		28]	Zip Cou			,	8. This corporation has liability for						
24		25	29		30	,			ida Statutes		Yes Z	No	s. 155.05£,	
		and Address of Cure		stered Agent	1001	T			me and Address	of New Reg	Istered A	gent		
НҮТ	HA, STEPHI	EN F				81	Name)						
8703 COBBLER PLACE						82	Stree	LAddress (P.O. Box Number is Not Acceptable)						
TAM	PA FL 3361	15					01.00			0.7.0007100				
						83								
						84	City					85 Zip	Code	
				,							FL			
11. Pursuant	to the provisi	ions of Sections 607.0 ent, or both, in the Sta	502 and 6	307 1508, Florida	Statutes, the	abov	e-name	d corporation sul	bmits this statem	ent for the pr	urpose of a	changing i	ts registered	
agent. I a	ım fa miliar wi	th, and accept the ob	ligations o	of, Section 607.0	505, Florida S	atute	S.	ipordion o bodic	a or ancotors. Th	o.oo y 	coro appo			
SIGNATURE														
12.	Signature, typed	or printed name of registered OFFICERS A			(NOTE Registe		int signatu	re required when reinst	iting) ITIONS/CHANGE	S TO DEELO	DATE FRS AND	DIŘECTOL	RS IN 12	
TITLE	D	OF TOLINS 7	SIND DIGE.	DELI		THE		1	MONOTORIANGE	0 10 01110		Change	Addition	
NAME		TEPHEN F				NAME					•			
STREET ADDRESS 8703 COBBLER PLACE							ADDRESS	.						
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TITLE				☐ DELI		TITLE				•		Change	Addition	
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NAME					3.2	NAME								
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STREET ADDRESS							ADDRESS							
CITY-ST-ZIP			Carlot and A	L*- 20	■ 64	CITY-S	SE-ZIP	1	110 07/2V() Ele	vide Ctatutas	14		Labo	

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.