

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 541380 (2)
 1. Corporation Name
OCEANLEA, INC.



Principal Place of Business 225 W 21ST HIALEAH FL 33010	Mailing Address 225 W 21ST HIALEAH FL 33010
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1977	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-1780432	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip		29. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ALWEISS, LOUIS
225 W 21 STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent
 81 Name **JACK ALWEISS**
 82 Street Address (P.O. Box Number is Not Acceptable)
17564 C ASHBOURNE LANE
 83
 84 City **BOCA RATON** FL 85 Zip Code **33496**

11. Pursuant to the provisions of Sections 607.0507 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]* DATE **4/25/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	NAME ALWEISS, JACK	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2970 ALLOW ST	CITY-ST-ZIP OCEANSIDE, NY 11572	1.2 NAME
TITLE STD	NAME ALWEISS, BEVERLY	1.3 STREET ADDRESS 17564 C ASHBOURNE LANE
STREET ADDRESS 2970 ALLOW ST	CITY-ST-ZIP OCEANSIDE, NY 11572	1.4 CITY-ST-ZIP BOCA RATON FL 33496
TITLE SD	NAME ALWEISS, LOUIS ASST	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1451 E 10TH AVE	CITY-ST-ZIP HIALEAH FL	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS 17564 C ASHBOURNE LANE
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP BOCA RATON FL 33496
CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME
		3.3 STREET ADDRESS
		3.4 CITY-ST-ZIP
		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 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 a filing with an address.

SIGNATURE: *[Signature]* DATE: **4/25/98**

CR2E034 (1097)