

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **688602** (2)
1. Corporation Name
OCEANS WEST, INC.

Principal Place of Business Mailing Address
2990 S ATLANTIC AVE DAYTON BCH SHRS FL 32118-6002 **2990 S ATLANTIC AVE DAYTON BCH SHRS FL 32118-6002**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/10/1990** 3a. Date of Last Report **03/10/1994**
4. FEI Number **59-2160307** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
TUMBLESON, J. DOYLE
50 SOUTH PALMETTO AVE.
DAYTONA BEACH FL 32014

10. Name and Address of New Registered Agent
b1 Name
b2 Street Address (P.O. Box Number is Not Acceptable)
b3
b4 City **FL** b5 Zip Code

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 resigning.)

DATE

12. OFFICERS AND DIRECTORS
TITLE AS
NAME **HUGGINS, PAMELA C**
STREET ADDRESS **2990 SOUTH ATLANTIC AVE**
CITY - ST - ZIP **DAYTONA BEACH SHORES FL**
TITLE T
NAME **GROSSEIBL, ERIC H**
STREET ADDRESS **FOUR BECKER FARM ROAD**
CITY - ST - ZIP **ROSELAND NJ**
TITLE PD
NAME **UANINO, ANTHONY**
STREET ADDRESS **2990 SOUTH ATLANTIC AVE**
CITY - ST - ZIP **DAYTONA BEACH SHORES FL**
TITLE V
NAME **HENDERSON, R DON**
STREET ADDRESS **2990 S ATLANTIC AVE**
CITY - ST - ZIP **DAYTONA BCH SHRS, FL00000**
TITLE DC
NAME **NORTON, DONN H.**
STREET ADDRESS **FOUR BECKER FARM ROAD**
CITY - ST - ZIP **ROSELAND NJ**
TITLE D
NAME **COLLINS, JOHN**
STREET ADDRESS **2990 S ATLANTIC AVE**
CITY - ST - ZIP **DAYTONA BCH SHRS, FL00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE AS Change Addition
1 2 NAME **JENSEN, ALFRED**
1 3 STREET ADDRESS **2970 SOUTH ATLANTIC AVE.**
1 4 CITY - ST - ZIP **DAYTONA BEACH SHORES, FL 32118**
2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP
3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP
4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP
5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP
6 1 TITLE Change 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 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 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: *Anthony Uanino* **Anthony Uanino** 4/10/95 954-761-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature) (Print Name)