

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

**FILED**

**Apr 11 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 # 688602 (2)**  
1. Corporation Name  
**OCEANS WEST, INC.**



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/10/1980</b>	3a. Date of Last Report <b>01/30/1996</b>
21	Suite, Apt. #, etc.		26	4. FEI Number <b>59-2160307</b>	
22	City & State		27	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	25	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TUMBLESON, J. DOYLE 50 SOUTH PALMETTO AVE. DAYTONA BEACH FL 32014</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>JENSEN, ALFRED</b>		1.2 NAME	<b>Jensen, Alfred</b>			
STREET ADDRESS	<b>2970 SOUTH ATLANTIC AVE</b>		1.3 STREET ADDRESS	<b>2990 South atlantic Ave</b>			
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL</b>		1.4 CITY-ST-ZIP	<b>Daytona Beach Shores FL 32118</b>			
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GROSSEIBL, ERIC H</b>		2.2 NAME	<b>Uanino, Anthony</b>			
STREET ADDRESS	<b>FOUR BECKER FARM ROAD</b>		2.3 STREET ADDRESS	<b>2990 South Atlantic Ave</b>			
CITY-ST-ZIP	<b>ROSELAND NJ</b>		2.4 CITY-ST-ZIP	<b>Daytona Beach Shores FL 32118</b>			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>UANINO, ANTHONY</b>		3.2 NAME	<b>Collins, Ann</b>			
STREET ADDRESS	<b>2990 SOUTH ATLANTIC AVE</b>		3.3 STREET ADDRESS	<b>2990 South Atlantic Ave</b>			
CITY-ST-ZIP	<b>DAYTONA BEACH SHORES FL</b>		3.4 CITY-ST-ZIP	<b>Daytona Beach Shores FL 32118</b>			
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>HENDERSON, R DON</b>		4.2 NAME				
STREET ADDRESS	<b>2990 S ATLANTIC AVE</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>DAYTONA BCH SHRS, FL00000</b>		4.4 CITY-ST-ZIP				
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>NORTON, DONN H.</b>		5.2 NAME				
STREET ADDRESS	<b>FOUR BECKER FARM ROAD</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>ROSELAND NJ</b>		5.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>COLLINS, JOHN</b>		6.2 NAME				
STREET ADDRESS	<b>2990 S ATLANTIC AVE</b>		6.3 STREET ADDRESS				
CITY-ST-ZIP	<b>DAYTONA BCH SHRS, FL00000</b>		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: *Anthony Uanino* 3/19/97 944-761-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)