

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

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**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	3a. Date of Last Report
21		26		09/10/1980	01/30/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2160307	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TUMBLESON, J. DOYLE 50 SOUTH PALMETTO AVE. DAYTONA BEACH FL 32014				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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