

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F34202 (4)**

1. Corporation Name  
**OCEANS WEST TWO, INC.**

Principal Place of Business Mailing Address  
**2990 S ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118-6002**  
**2990 S ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118-6002**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/08/1981</b>		3a. Date of Last Report <b>03/15/1994</b>	
4. FEI Number <b>59-2160310</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 25	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired 24	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution 29	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>TUMBLESON, J DOYLE 150 SOUTH PALMETTO AVE. DAYTONA BCH FL 32014</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD HENDERSON, R DON 2990 S ATLANTIC AVE DAYTONA BCH SHR, FL00000	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	AS HUGGINS, PAMELA C 2990 S. ATLANTIC AVE DAYTON BEACH SHORES FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	AS JENSEN, ALFRED
STREET ADDRESS		2.3 STREET ADDRESS	2970 SOUTH ATLANTIC AVE.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	DAYTONA BEACH SHORES, FL 32118
TITLE	PD UANINO, ANTHONY 2990 S. ATLANTIC AVE. DAYTON BCH. SHORES FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D COLLINS, JOHN 2990 S ATLANTIC AVE DAYTONA BCH SHR, FL00000	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	S RICHARDSON, MELODY S. FOUR BECKER FARM ROAD ROSELAND NJ	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	T GROSSEIBL, ERIC FOUR BECKER FARM ROAD ROSELAND NJ	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 *9/10/95* 904 7619600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)