

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F34202** (4)

1. Corporation Name

OCEANS WEST TWO, INC.



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

3. Date Incorporated or Qualified: 05/08/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2160310
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: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 Country

9. Name and Address of Current Registered Agent

TUMBLESON, J DOYLE
150 SOUTH PALMETTO AVE.
DAYTONA BCH FL 32014

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENDERSON, R DON	
STREET ADDRESS	2990 S ATLANTIC AVE	
CITY- ST- ZIP	DAYTONA BCH SHR, FL00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JENSEN, ALFRED	
STREET ADDRESS	2970 SOUTH ATLANTIC AVE	
CITY- ST- ZIP	DAYTONA BEACH SHORES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	UANINO, ANTHONY	
STREET ADDRESS	2990 S. ATLANTIC AVE.	
CITY- ST- ZIP	DAYTON BCH. SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, JOHN	
STREET ADDRESS	2990 S ATLANTIC AVE	
CITY- ST- ZIP	DAYTONA BCH SHR, FL00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, MELODY S.	
STREET ADDRESS	FOUR BECKER FARM ROAD	
CITY- ST- ZIP	ROSELAND NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GROSSEIBL, ERIC	
STREET ADDRESS	FOUR BECKER FARM ROAD	
CITY- ST- ZIP	ROSELAND NJ	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	DS <input checked="" 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Anthony Uanino

2/16/96 Date 904-761-9600 Daytime Phone #

CR2E034 (12/95)