

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
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1981	3a. Date of Last Report 02/23/1996
21	22	26	27	4. FEI Number 59-2160310	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		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 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: _____ DATE: _____
Signatures must be typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, R DON		1.2 NAME	Uanino, Anthony	
STREET ADDRESS	2990 S ATLANTIC AVE		1.3 STREET ADDRESS	2990 South Atlantic Ave	
CITY-ST-ZIP	DAYTONA BCH SHR, FL00000		1.4 CITY-ST-ZIP	Daytona Beach Shores	
TITLE	AS	<input type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENSEN, ALFRED		2.2 NAME	Collins, Ann	
STREET ADDRESS	2970 SOUTH ATLANTIC AVE		2.3 STREET ADDRESS	2990 South Atlantic Ave	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL		2.4 CITY-ST-ZIP	Daytona Beach SHores FL 32118	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UANINO, ANTHONY		3.2 NAME	Jensen, Alfred	
STREET ADDRESS	2990 S. ATLANTIC AVE.		3.3 STREET ADDRESS	2990 South Atlantic Ave	
CITY-ST-ZIP	DAYTON BCH. SHORES FL		3.4 CITY-ST-ZIP	Daytona BEach Shores FL 32118	
TITLE	DS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOHN		4.2 NAME		
STREET ADDRESS	2990 S ATLANTIC AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH SHR, FL00000		4.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSEIBL, ERIC		5.2 NAME		
STREET ADDRESS	FOUR BECKER FARM ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROSELAND NJ		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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 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: *[Signature]* DATE: **3/19/97** DAYTIME PHONE: **904 261-9600**

CR2E034 (9/96)