

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F34405 (3)
1. Corporation Name
OCEANS WEST FOUR, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/12/1981** 3a. Date of Last Report **03/10/1994**
4. FEI Number **59-2160036** Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**TUMBLESON, DOYLE
FOUR BECKER FARM ROAD
DAYTONA BEACH FL 32014**
10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 constituting) DATE _____
Signature: Typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JOHN	1.2 NAME	
STREET ADDRESS	2990 S ATLANTIC AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH SHR, FL00000	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UANINO, ANTHONY	2.2 NAME	
STREET ADDRESS	2990 SOUTH ATLANTIC AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH SHORES FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, R DON	3.2 NAME	
STREET ADDRESS	2990 S ATLANTIC AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH SHR, FL00000	3.4 CITY - ST - ZIP	
TITLE	DC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, DONN H.	4.2 NAME	
STREET ADDRESS	FOUR BECKER FARM ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ROSELAND NJ	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGGINS, PAMELA C	5.2 NAME	AS
STREET ADDRESS	2990 SOUTH ATLANTIC AVE	5.3 STREET ADDRESS	JENSEN, ALFRED
CITY - ST - ZIP	DAYTONA BEACH SHORES FL	5.4 CITY - ST - ZIP	2970 SOUTH ATLANTIC AVENUE
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSEIBL, ERIC	6.2 NAME	
STREET ADDRESS	FOUR BECKER FARM ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	ROSELAND NJ	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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 Date: 4/10/95 904-7619400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)