2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** F97327 1. Entity Name OFFSHORE INDUSTRIES, INC. Principal Place of Business Mailing Address

FILED May 07, 2002 8:00 am Secretary of State 05-07-2002 90263 039 ***150.00

850 NE 3RD ST SUITE 105 DANIA FL 33004 US 2. Principal Place of Business			11541 NW 24TH ST. PLANTATION FL 33323 US 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	4. FEI Number 59-2215686			Applied For Not Applicable	
Zip 3		Country	Zip Country			5.				8.75 Additional	
		and Address of Current Re	gistered Agent			7.	Name and Address of New Reg				┪
	<u> </u>	Company of the Compan		_	Name		· ·				7
DOLL, HARRY J. JR. 11541 NW 24TH STREET PLANTATION FL 33323					Street Address (P.O. Box Number is Not Acceptable)						- -
PLANIAI	IION FL 333		City				FL	Zip Co	de		
SIGNATURE 9. This corp	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature	required when r	gent, or both, in the State of Florid einstating) 10. Election Campaign Finan	DATE			
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00 of State	Trust Fund Contribution.			ed to Fees	
11.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
NAME STREET ADDRESS CITY-ST_ZIP	ST DOLL, BARBARA A 11541 NW 24TH ST. PLANTATION FL P DOLL, HARRY J JR 11541 NW 24TH ST. PLANTATION FL				·				☐ Change	☐ Addition	CR2E034 (9/01)
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	Delete TITLE NAME STREE CITY-S					□ Change	Addition	5
NAME TITLE NAME TO STREET ADDRESS CITY-ST-ZIP	rime caus	பக்கு இத்து இரும். இத்தி இத்து இரும்	☐ Delete		1	- V3			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			Delete] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete		1] Change	☐ Addition	
13. I hereby of indicated	certify that the	information supplied with this or supplemental report is tru	s filing does not qualify for t e and accurate and that my	he ever	nntion stated	in Section :	19.07(3)(i), Florida Statutes. I fur egal effect as if made under oath	ther certify	that the i	nformation 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A