SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # G09907 (8)

1. Corporation Name

OCEAN TRAVEL OF SINGER ISLAND, INC.

Principal Place of Business	Mailing Address
C/O MANUELA NETO 1237 N. OCEAN DR. SINGLER ISLAND FL 33404 US	C/O MANUELA NETO 1237 N OCEAN AVE. SINGLER ISLAND FL 33404 US

3. Date Incorporated or Qualified: **11/16/1982**
3a. Date of Last Report: **06/27/1995**

2. Principal Place of Business	2a. Mailing Address
21 601 Northlake Blvd	26 601 Northlake Blvd
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 North Palm Beach	City & State 28 North Palm Beach
Zip 24 33408 Country 25 PB	Zip 29 33408 Country 30 PB

4. FEI Number: **59-2232446** ☐ 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

9. Name and Address of Current Registered Agent

NETO, MANUELA
10196 WILLOW LANE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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. DATE (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	☒ DELETE
NAME	MOFFETT, DESMOND C.	
STREET ADDRESS	ZERO 17TH AVE S.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DP	☒ DELETE
NAME	MOFFETT, LINDA	
STREET ADDRESS	ZERO 17TH AVE S.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	ST	☒ DELETE
NAME	SHANAHAN, PATRICIA	
STREET ADDRESS	2310 N. LAKESIDE DRIVE	
CITY-ST-ZIP	LAKEWORTH FL	
TITLE	DC	☐ DELETE
NAME	NETO, MANUELA	
STREET ADDRESS	10196 WILLOW LANE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DST	☐ DELETE
NAME	SMYTN, ROBERT	
STREET ADDRESS	840 JUPITER PARK DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Manuela Neto 6/27/96 407-842-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #