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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # H37837 (2)
 1. Corporation Name
OCEAN & GULF VENTURES, INC.



Principal Place of Business: **7835 SW 133ND ST MIAMI FL 33156**
 Mailing Address: **7835 SW 133ND ST MIAMI FL 33156-6722**

3. Date Incorporated or Qualified: **01/10/1985**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-2646262**
 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: **1035 A ROAD**
 Suite, Apt. #, etc.:
 City & State: **LABELLE FL**
 Zip: **33935** Country: **HENDRY**
 2a. Mailing Address: **P.O. Box 1376**
 Suite, Apt. #, etc.:
 City & State: **LABELLE, FL.**
 Zip: **33975-1376** Country: **HENDRY**

9. Name and Address of Current Registered Agent
MEYER, JEFFREY B.
KEY DEER BLVD
RT. 5 BOX 8
BIG PINE KEY FL 33043

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: _____ DATE: _____
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, EDWARD P.,	1.2 NAME	
STREET ADDRESS	310 CALZADA DE BOUGANVLL	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARATHON FL 33050	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, EDWARD P.,	2.2 NAME	WORTHINGTON, EDWARD P.,
STREET ADDRESS	7835 SW 133 STR	2.3 STREET ADDRESS	P.O. Box 1376
CITY - ST - ZIP	MIAMI FL 33156	2.4 CITY - ST - ZIP	LABELLE, FL. 33975-1376 N/A
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, ALENA	3.2 NAME	WORTHINGTON, ALENA
STREET ADDRESS	7835 SW 133 STR	3.3 STREET ADDRESS	P.O. Box 1376
CITY - ST - ZIP	MIAMI FL 33156	3.4 CITY - ST - ZIP	LABELLE, FL. 33975-1376 N/A
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 unchanged, or on an attachment with an address.

SIGNATURE: Edward P. Worthington, Sec./Trans. Date: 4-26-97 Telephone: 941-675-1924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)