## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J07217

OCEANVIEW ENTERPRISES, INC.

Principal Place of Business Mailing Address					,		t chause but heart seed tibes tidit jedt bildt dreit diett diett bildt geer
JUST FOR FUN			P O BOX 5177 BWB				
4538 HWY 20 E			NICEVILLE FL 32578				
NICEVILLE FL 32578			US				DO NOT WRITE IN THIS SPACE
us							3. Date Incorporated or Qualifed
	_						03/31/1986
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21							59-2666306 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			7				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip Country			Zip Country			'	8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. Yes No
	9. Name and Address of Curr	ent Regis	stered Agent		Ľ		10. Name and Address of New Registered Agent
					81	Name	:
ALBRECHT, ROBERT W.					82 Street Address (P.		dress (P.O. Box Number is Not Acceptable)
110 BERMUDA COVE						102	4 - 11 - 2 - 2
NICE	VILLE FL 32578				83		3
							<u> </u>
					84	City	ICEVILLE FL 85 Zip Code 32578
44 5	4 the	FOO and 6	O71500 Florida Statut	the the s		e-named col	reporation submits this statement for the purpose of changing its registered
office or r	egistered algent, or both, in the Sta	te of Florid	da. Such change was a	uthorized	by	the corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	ne familiar with, and accept the obli	gations of			utes		
SIGNATURE	Y WHILL A	<u>W</u>	<u> </u>	ERTL	U.		accent
40	Senators, typed or printed name of registered a			:: Registered	Agen	nt signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS /	AND DIKE	DELETE	1.1 T			Change Addition
TITLE							<b>V</b>
NAME	ALBRECHT, ROBERT W.	~ l	E WAY DRIVE	1.2 N		Ι.	1020 LAKE WAY DRIVE
STREET ADDRESS	NOT THE ST	. <i>O</i>	20,100	1,3 S	TREET	TADDRESS	ID ZO LAKE WAY
CITY-ST-ZIP	NICEVILLE FL			_	TY-S1	T-ZIP	
TITLE	DV		☐ DELETE	2.1 TI	TLE		√ Change
NAME	ALBRECHT, SUE S.	_ 1 4	ve Way Nome	2.2 N	AME		
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CITY-ST-ZIP	NICEVILLE FL				ITY-S	ST-ZIP	
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STREET ADDRESS				3.3 \$	TREET	T ADDRESS	}
CITY-ST-ZIP				3.4. C	ITY-S	iT-ZIP	
TITLE			☐ DELETE	4.1 TI			☐ Change ☐ Addition
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STREET ADDRESS						TADDRESS	
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CITY-ST-ZIP TITLE			☐ DELETE	5.1 TI			☐ Change ☐ Addition
			_ 510	5.1 N			
NAME						ADDRESS	ţ
STREET ADDRESS						1	·
CITY-ST-ZIP			☐ DELETÉ	5.4 CI 6.1 Π		1-217	☐ Change ☐ Addition
TITLE			U DELE1€			J	Change   Addition
NAME				6.2 N/			
STREET ADDRESS				6.3 S	REET	TADORESS	

14. I 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 acturate 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90030 050 \*\*\*158.75