

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J07312 (8)**

1. Corporation Name
OCEAN HOLDINGS, INC.



Principal Place of Business: **1755 N CONGRESS AVE. BOYNTON BEACH FL 33426**
Mailing Address: **P.O. BOX 3869 BOYNTON BEACH FL 33426**

3. Date Incorporated or Qualified: **04/02/1986** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2653863** 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: **21 1100 Linton Blvd**
Suite, Apt. #, etc.: **22 Suite C-9**
City & State: **23 Delray Beach FL**
Zip: **24 33444** Country: **25**
2a. Mailing Address: **26 P.O. Box 4727**
Suite, Apt. #, etc.: **27**
City & State: **28 Portsmouth NH**
Zip: **29 03802** Country: **30**

9. Name and Address of Current Registered Agent: **CRITCHFIELD, RICHARD H. 1745 N CONGRESS AVE. BOYNTON BEACH FL 33426**
10. Name and Address of New Registered Agent:
81 Name: **CRITCHFIELD, RICHARD H.**
82 Street Address (P.O. Box Number is Not Acceptable): **1100 Linton Blvd**
83 **Suite C-4**
84 City: **Delray Beach** FL 85 Zip Code: **33444**

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 the applicant (Typed) Registered Agent Signature (printed above name)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	WALSH, MARK	
STREET ADDRESS	1755 N CONGRESS AVE.	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	S	<input type="checkbox"/>
NAME	CRITCHFIELD, RICHARD H.	
STREET ADDRESS	1745 N CONGRESS AVE.	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Walsh, Mark	
1.3 STREET ADDRESS	1100 Linton Blvd Ste. C-9	
1.4 CITY - ST - ZIP	Delray Beach FL 33444	
2. TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Critchfield, Richard	
2.3 STREET ADDRESS	1100 Linton Blvd Ste C-4	
2.4 CITY - ST - ZIP	Delray Beach FL 33444	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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, 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 as an attachment with an address.

SIGNATURE: *Mark Walsh* 4/29/96 407 279 9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
MARK WALSH

CR2E034 (12/95)