


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

03228

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90089 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J86188					
1. Corporation Name OCEAN BOAT WORKS, INC.					
Principal Place of Business % RICK J. DAVENPORT 3527 AVE "K" RIVIERA BEACH FL 33404			Mailing Address % RICK J. DAVENPORT 3527 AVE "K" RIVIERA BEACH FL 33404		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/31/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		65-0004665	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
DAVENPORT, RICK J. 3527 AVE "K" RIVIERA BEACH FL			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D DAVENPORT, RICK J.			1.2 NAME		
STREET ADDRESS 3527 AVE "K"			1.3 STREET ADDRESS		
CITY-ST-ZIP RIVIERA BEACH FL			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			2.2 NAME		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
3.1 TITLE <input 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		

SIGNATURE: *Rick J. Davenport* SIGNATURE REQUIRED: *RICK J. DAVENPORT*

3-1-99

561-842-4880

CR2E034 (1/98)