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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # K63803 (6)

1. Corporation Name
OCEAN DESIGN, INC.

Principal Place of Business	Mailing Address
P AVIATOR WAY ORMOND BEACH FL 32174 US	P AVIATOR WAY ORMOND BEACH FL 32174 US

3. Date Incorporated or Qualified: 02/07/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 9 Aviator Way
Suite, Apt. #, etc. 22
City & State 23 Ormond Beach, FL
Zip 24 32174 Country 25 US

2a. Mailing Address
26 9 Aviator Way
Suite, Apt. #, etc. 27
City & State 28 Ormond Beach, FL
Zip 29 32174 Country 30 US

4. FEI Number: 59-2932709 ☐ 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
CAIRNS, JAMES L.
403 S ATLANTIC AVE
ORMOND BCH FL

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: (Enter name of person to sign on the registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	CAIRNS, JAMES L.		1.2 NAME	Cairns, James L.	
STREET ADDRESS	403 S ATLANTIC AVE		1.3 STREET ADDRESS	403 S Atlantic Ave.	
CITY-ST-ZIP	ORMOND BCH FL		1.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	DV	☐ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	FOLVIG, JOHN A.		2.2 NAME	Folvig, John A.	
STREET ADDRESS	752 MARINA POINT		2.3 STREET ADDRESS	752 Marina Point	
CITY-ST-ZIP	DAYTONA BCH. FL		2.4 CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	DV	☐ DELETE	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	VOLLMAR, MICHAEL S.		3.2 NAME	Vollmar, Michael S.	
STREET ADDRESS	1947 SPRUCE CREEK CIRCLE		3.3 STREET ADDRESS	1947 Spruce Creek Circle	
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP	Daytona Beach, FL 32124	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Revelle, William	
STREET ADDRESS			4.3 STREET ADDRESS	2302 Orriengton Ave.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Evanston, IL 60201	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Cairns, Robert	
STREET ADDRESS			5.3 STREET ADDRESS	Box 137, RD #1	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ellwood City, PA 16117	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] March 7, 1997 (904)673-3575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0513470