

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

002704

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90243 001 \*\*\*150.00

DOCUMENT # **K63803**

1. Corporation Name  
**OCEAN DESIGN, INC.**



Principal Place of Business  
**9 AVIATOR WAY  
ORMOND BEACH FL 32174  
US**

Mailing Address  
**9 AVIATOR WAY  
ORMOND BEACH FL 32174  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/07/1989**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>CAIRNS, JAMES L.</b>	
STREET ADDRESS	<b>403 S ATLANTIC AVE</b>	
CITY-ST-ZIP	<b>ORMOND BCH FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>FOLVIG, JOHN A.</b>	
STREET ADDRESS	<b>752 MARINA POINT</b>	
CITY-ST-ZIP	<b>DAYTONA BCH. FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>VOLLMAR, MICHAEL S.</b>	
STREET ADDRESS	<b>283 RIVERSIDE DRIVE</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REVELLE, WILLIAM</b>	
STREET ADDRESS	<b>2302 ORRIENGTON AVE.</b>	
CITY-ST-ZIP	<b>EVANSTON IL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAIRNS, ROBERT</b>	
STREET ADDRESS	<b>BOX 137, RD. #1</b>	
CITY-ST-ZIP	<b>ELLWOOD CITY PA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>SEE ATTACHED</b>	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

537933-90243-1

OCEAN DESIGN, INC.  
FEI # 59-2932709  
DOCKET#K63803

#K63803

**BOX 13    ADDITIONAL INFORMATION**  
    ADDITIONS TO OFFICERS AND DIRECTORS IN 12

6.1 TITLE                    D,CFO,CEO  
6.2 NAME                    JOHN STRAUSS  
6.3 STREET ADDRESS       ONE MEETING HOUSE RD  
6.4 CITY-ST-ZIP            JAFFREY CENTER, NH 03452

7.1 TITLE                    S  
7.2 NAME                    AUSTIN HIRSCH  
7.3 STREET ADDRESS       30 S. WACKER DR 29TH FL  
7.4 CITY-ST-ZIP            CHICAGO, IL 60606-7484

8.1 TITLE                    D  
8.2 NAME                    DON ALTMAN  
8.3 STREET ADDRESS       P.O. BOX 4005  
8.4 CITY-ST-ZIP            BELLEVUE, WA 98009

9.1 TITLE                    V  
9.2 NAME                    STEWART BARLOW  
9.3 STREET ADDRESS       87 HIGHLAND AVE  
9.4 CITY-ST-ZIP            ORMOND BEACH, FL 32174

10.1 TITLE                   V  
10.2 NAME                   GARY CLARK  
10.3 STREET ADDRESS       1534 POPLAR DR  
10.4 CITY-ST-ZIP           ORMOND BEACH, FL 32174