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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION  
ANNUAL REPORT  
1995

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

DOCUMENT # **K66075** (8)  
1. Corporation Name:  
**NEW MEXICO OCEAN, INC.**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/16/1989**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business:	2a. Mailing Address:	4. FEI Number:	Applied For:
21. State Apt # etc.	26. State Apt # etc.	<b>74-2574589</b>	Not Applicable
22. City & State:	27. City & State:	5. Certificate of Status Desired:	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip:	28. Zip:	6. Election Campaign Financing Trust Fund Contribution:	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country:	29. Country:	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent:	10. Name and Address of New Registered Agent:
<b>CRITCHFIELD, RICHARD H. 1745 N CONGRESS AVE. BOYNTON BEACH FL 33426</b>	B1. Name:
	B2. Street Address (P.O. Box Number is Not Acceptable):
	B3. City:
	B4. City: <b>FL</b> B5. Zip Code:

11. Pursuant to the provisions of Sections 607.0212 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Name of Current Registered Agent) \_\_\_\_\_ (Name of New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	P <b>WALSH, WILLIAM</b> <b>1755 N CONGRESS AVENUE</b> <b>BOYNTON BEACH FL</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		2. NAME	
13. STREET ADDRESS		3. STREET ADDRESS	
14. CITY, ST, ZIP		4. CITY, ST, ZIP	
11. TITLE	VS <b>GREENE, DOUG</b> <b>1755 N CONGRESS AVENUE</b> <b>BOYNTON BEACH FL</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		6. NAME	
13. STREET ADDRESS		7. STREET ADDRESS	
14. CITY, ST, ZIP		8. CITY, ST, ZIP	
11. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		10. NAME	
13. STREET ADDRESS		11. STREET ADDRESS	
14. CITY, ST, ZIP		12. CITY, ST, ZIP	
11. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		14. NAME	
13. STREET ADDRESS		15. STREET ADDRESS	
14. CITY, ST, ZIP		16. CITY, ST, ZIP	
11. TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		18. NAME	
13. STREET ADDRESS		19. STREET ADDRESS	
14. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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. I am an officer or director of the corporation or the treasurer or another responsible to execute this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document as an attachment with an address.

SIGNATURE: *William Walsh* **William Walsh** 4/30/95 **407-279-9100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR