

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1100 Linton Blvd		26 P.O. Box 4727		02/16/1989		05/01/1995	
22 Suite, Apt #, etc. Ste C-9		27 Suite, Apt #, etc.		4. FEI Number		Applied For	
23 City & State Delray Beach, FL		28 City & State Portsmouth NH		74-2574589		Not Applicable	
24 Zip 33444		29 Zip 03802		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		<input type="checkbox"/>		5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>			
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			
CRITCHFIELD, RICHARD H. 1755 N CONGRESS AVE. BOYNTON BEACH FL 33426				1100 Linton Blvd Ste C-4 Delray Beach FL 33444			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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 _____ (NOTE: Registered Agent's signature required when re-issuing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, WILLIAM	1.2 NAME	
STREET ADDRESS	1755 N CONGRESS AVENUE	1.3 STREET ADDRESS	One Cate St., Ste. 3
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	Portsmouth, NH 03801
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, DOUG	2.2 NAME	
STREET ADDRESS	1755 N CONGRESS AVENUE	2.3 STREET ADDRESS	One Cate St., Ste. 3
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	Portsmouth, NH 03801
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Douglas Greene* **Douglas Greene** 8/2/96 (603) 433-4742

CF2E034 (3/96)