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

DOCUMENT # **K69856** **(8)**

1. Corporation Name
OCEAN CAPITAL CORPORATION

Principal Place of Business	Mailing Address
~~801 BRICKELL AVE., 9TH FLOOR~~ ~~MIAMI FL 33131~~	~~% MERSHON, SAWYER ET AL~~ ~~200 S. BISCAYNE BLVD., SUITE 4500~~ ~~MIAMI FL 33131~~

2. Principal Place of Business 21 2023 FISHER ISLAND DR.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FISHER ISLAND FL.	City & State 28
Zip 24 33109 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified 03/02/1989	3a. Date of Last Report 03/08/1995
4. FEI Number 65-0116535	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

~~LANDON, ROBERT D.W., II~~
~~% MERSHON, SAWYER ET AL~~
~~200 S. BISCAYNE BLVD., SUITE 4500~~
~~MIAMI FL 33131~~
~~[redacted]~~
STEPHEN B. Booke
CHAIRMAN c/o
2023 Ocean Capital Corp. Fisher Island
2023 FISHER ISLAND DR. FISHER ISLAND FL 33109

10. Name and Address of New Registered Agent

81 Name ~~THERE IS NO REGISTERED~~ ALL MAIL, INQUIRIES
82 Street Address (P.O. Box Number is Not Acceptable) ~~AGENT~~ TO STEPHEN B Booke, CHMN
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 Stephen B. Booke chairman. 7-12-1996
Signature, typed or printed name of 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOOKE, FRANCESCA 2023 FISHER ISLAND DR FISHER ISLAND FL 33109	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT & DIRECTOR GERALD AMATO 355 Lexington Ave New York NY 10017 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STVP BOOKE, STEPHEN 2023 FISHER ISLAND DR FISHER ISLAND FL 33109	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	CHAIRMAN & CEO DIR ☑ Change ☐ Addition STEPHEN B. BOOKE 2023 FISHER ISLAND DRIVE FISHER ISLAND FL 33109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	600001836156 -07/17/96--01028--017 ***225.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 7-12-96

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Stephen B Booke 6-24-96 305-538-0362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
STEPHEN B. BOOKE CHMN CEO & DIR PD