

**COMPANION
ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

FILED

95 MAY -1 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K78048 (1)
1. Corporation Name
OFFSHORE MARKETING CORP.

Principal Place of Business Mailing Address
801 PINE DRIVE #5 POMPANO BEACH FL 33080

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/06/1989** 3a. Date of Last Report **06/21/1994**
4. FEI Number **65-0114119** 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

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

9. Name and Address of Current Registered Agent
**GILLILAN, EDWARD L.
3251 CYPRESS CREEK DRIVE
POMPANO BEACH FL 33082**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
801 PINE DR. #5
83
84 City **POMPANO Bch** FL 85 Zip Code **33060**

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 *Edward L. Gillilan* **EDWARD L. GILLILAN** **4/29/95**
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 **D**
NAME **GILLILAN, EDWARD L.**
STREET ADDRESS **3251 CYPRESS CREEK DRIVE**
CITY - ST - ZIP **POMPANO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **801 PINE DR #5**
1.4 CITY - ST - ZIP **POMPANO Bch 33060**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward L. Gillilan* **EDWARD L. GILLILAN** **4/29/95** **305 783 9731**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed 14-11-94)