

FILE NOW: FILING FEE AFTER MAY 1ST IS \$300.00

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 90043 038 ***150.00

DOCUMENT # **L00284**

1. Corporation Name
OCEAN PRINTING, INC.

Principal Place of Business
**C/O EDWARD GOTTLIEB
4447 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021**

Mailing Address
**C/O EDWARD GOTTLIEB
4447 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1989

Applied For
Not Applicable

4. FEI Number
65-0128313

\$8.75 Additional
Fee Required

5. Certificate of Status Desired ☐

\$5.00 May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution ☐

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**GOTTLIEB, EDWARD
4447 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021**

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GOTTLIEB, EDWARD
4447 HOLLYWOOD BLVD.
HOLLYWOOD FL**

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