

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 9:05

DOCUMENT # L23738 (2)

1. Corporation Name

OCEAN CURRENTS OF PALM BEACH, INC.

Principal Place of Business

**5250 TOWN CENTER CIRCLE
#113
BOCA RATON FL 33432**

Mailing Address

**5250 TOWN CENTER CIRCLE
#113
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1989

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0152167

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JURAN, LAWRENCE B.
5550 GLADES ROAD
SUITE 400
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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 607.1506, 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 of appointment)

(NOTE: Registered Agent signature required when recasting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DST
HANNA, NAWAL
5250 TOWN CTR CIR #113
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DP
HANNA, RAMONA
5250 TOWN CTR CIR #113
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DV
MATZKIN, GUY
5250 TOWN CTR CIR #113
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DV
MATZKIN, DORAN
5250 TOWN CTR CIR #113
BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15

16 TITLE

17 NAME

18 STREET ADDRESS

19 CITY - ST - ZIP

20

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

25

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY - ST - ZIP

30

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35

36 TITLE

37 NAME

38 STREET ADDRESS

39 CITY - ST - ZIP

40

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)(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. That I am an officer or director of the corporation or the receiver or trustee empowered to recast the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of changes, or in an attachment with an address.

SIGNATURE: Ramona Hanna HANNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/95 (407) 368-0800