SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L51689** **(2)**

1. Corporation Name
OCEAN FURNISHINGS INC.

Principal Place of Business	Mailing Address
1429 SW 1 AVENUE FORT LAUDERDALE FL 33315 US	1429 SW 1 AVENUE FORT LAUDERDALE FL 33315 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/15/1990	3a. Date of Last Report: 07/14/1994
4. FEI Number: 65-0171264	☐ 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 1417 SW 1 AV Ft.Laud.FL 33315	26 1417SW 1 AV Ft.Laud.FL 33315
Suite, Apt. #, etc.: 22 n/a	Suite, Apt. #, etc.: 27 n/a
City & State: 23 Fort Lauderdale, FL	City & State: 28 Fort Lauderdale, FL
Zip: 24 33315 Country: 25 U.S.A.	Zip: 29 33315 Country: 30 U.S.A.

9. Name and Address of Current Registered Agent

ROBERTO, EUGENE
905 SW 12 COURT
SUITE 15
FORT LAUDERDALE FL 33316

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, JAMES ANDREW	12 NAME	
STREET ADDRESS	29-31 CITY INDUS. PARK	13 STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON, ENGLAND	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	WHICHER, DIANE MARY	22 NAME	
STREET ADDRESS	29-31 CITY INDUS. PARK	23 STREET ADDRESS	
CITY-ST-ZIP	SOUTHAMPTON, ENGLAND	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ROBERTO, EUGENE	32 NAME	
STREET ADDRESS	905 SE 12 CT APT. 15	33 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/21/95 (305) 764-3779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E024 (3/95)

0001476 CP