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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

L83607

(6)

FILED
May 01 1996 8:00 am
Secretary of State

OCEA	ANVIEW GROUP INC.]	
Principal Place	of Business	Mailing Address		-{	
326 MOODY BLVD P.O. BOX 114 FLGLER BEACH FL 32136 US		44 SEA VISTA DR P.O. BOX 114 PALM COAST FL 32137 US		3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principa' Pla	ace of Business	2a. Mailing Address		06/26/1990 4. FEI Number	07/31/1995 Applied For
21		26 44 SFA	VISTA DR		Not Applicable
Suite, Apt #	⊭, etc.	Suite, Apil. #, etc. 27	VIV.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28 Palm C	oast, FL	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	²⁹ 32137	30 USA		□No
	9. Name and Address of Current	t Registered Agent	01 None	10. Name and Address of New Re	gistered Agent
O. W. O.	PARO MONTE D		81 Name		
	IENTO, MICHAEL D. KINGS RD N #B		82 Street Addre	ss (P.O. Box Number is Not Acceptable)
	COAST FL 32137		83		
I ALM	OUNDI IL ULIUI			T THE CONTRACT OF THE CONTRACT	
			84 City		FL. 85 Zip Code
SIGNATURE	h, and accept the obligations of Sections of Sections and Accept the obligations of Sections and Accept the Section (1997) and Accept the Obligation (1997) and Accept the Obligation (1997) and Accept the Obligations of Section (1997) and Accept the Obligation (1997) and	a centre Laggioldine (1911)	C. By we the coupling about in		DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	SIMOS, GUS	[DEFEIR	1 1 THLE 12 NAME		Change Addition
STREET ADDRESS	P.O. BOX 100 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	FLGLER BEACH FL		1.4 CiTy - ST - ZiP		
TITLE	D	DELETE	2 1 TITLE		Change Addition
NAME	ESPOSITO, ALBERT		2.2 NAME		
STREET ADDRESS	326 MOODY BLVD.POBX 83	36	2.3 STREET ADDRESS		
CITY - ST - ZIP	FLGLER BEACH FL	F7 0(+574	2.4 CITY - \$1 - 7IP		
TITLE NAME	D Kapczynski, Joseph	DELETE	3 1 Trile 3 2 NAME		Change Addition
STREET ADDRESS	44 SEA VISTA DR		32 NAME 33 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		3.4 City - S*- 7iP		
THLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		F"\ r.r. r.r.	4.4.C-1Y-S1-ZiP	THE PARTY NAME AND ADDRESS OF THE PA	
TI*LE MARGE		DELFTE	5 1 TILE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME		
City-ST-ZIP			5.3 STAFEL ADORESS 5.4 CHY - \$1 - ZIP		
TITLE	***************************************	☐ DELETE	6 1 Title		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			€ 3 STHEET ADDRESS		
CITY-ST ZIP			6 4 CITY - \$1 - ZIF		

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)(k), Filorida Statutes, I further certify that the information indicated on his amount report or supplemental armoid report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if city iged, or on an attachment with an aldress.

SIGNATURE:

THE AND TYPEO OF PRINTED HAVE OF SIGNING OFFICER OF DIRECTOR OF SIGNING OFFICER OF DIRECTOR

4/28/96 (904/44/-2884