

PROFIT
CORPORATION
ANNUAL REPORT
1996



FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **L97037** (0)
1. Corporation Name
OCEAN OFFSHORE STARS, INC.

Principal Place of Business HARBOR DRIVE P.O. BOX 715 BOCA GRANDE FL 33921		Mailing Address HARBOR DRIVE P.O. BOX 715 BOCA GRANDE FL 33921		<div style="display: flex; justify-content: space-between;"> <div>3. Date Incorporated or Qualified 08/17/1990</div> <div>3a. Date of Last Report 04/28/1995</div> </div>	
2. Principal Place of Business		2a. Mailing Address		<div style="display: flex; justify-content: space-between;"> <div>4. FEI Number 65-0214605</div> <div>Applied For <input type="checkbox"/> Not Applicable</div> </div>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HARPER, JACK R. 217 HARBOR DR. BOCA GRANDE FL 33921				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 filer if applicable) (NOTE: Registered Agent Signature required when registering) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE		D <input type="checkbox"/> DELETE			
NAME		HARPER, JACK R.			
STREET ADDRESS		219 HARBOR DRIVE			
CITY - ST - ZIP		BOCA GRANDE FL			
TITLE		D <input checked="" type="checkbox"/> DELETE			
NAME		GESNER, KONRAD			
STREET ADDRESS		CORDAGE PARK COURT ST.			
CITY - ST - ZIP		PLYMOUTH MA			
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 chapter 607 is on an attachment with an address.

SIGNATURE: X 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (94) 964-2232

CR2E034 (12/95)