FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



Sandra B. Mortham

COF ANNU	PROFIT RPORATION JAL REPORT 1998	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State	Apr 10 1998 8:00am Secretary of State
1. Corporatio	CEAN DRIVE, INC. De of Business AVE	Mailing Address 3484 CHASE AVE MIAMI BCH FL 33140		DO NOT WRITE IN THIS SPACE
2. Principal P 21 Suite, Apt. 22 City & Stat 23 Zip 24	Country	2e. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	Country	3. Date Incorporated or Qualified 08/02/1985 4. FEI Number 65-0147353
9. Name and Address of Current Registered Agent PATRICK, MARTY 695-LMGOLN-RD AllAMI-SCH-FL-33139 81 Name MRRTY PATRICK 82 Street Address (P.O. Box Number is Not Acceptable) 83 Registered Agent 84 City BAY HBR IS 15 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 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 12. TITLE NAME STREET ADDRESS	Signalure, typed or printed name of registered agent OFFICERS AND PST SHERMAN, MARTY 3484 CHASE AVE		13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI BEACH FL D SHERMAN, GRACE 3484 CHASE AVE	☐ DELETE	1.4 CHY-ST-ZIP 21 TITLE 22 NAME 2.3 STRIET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH FL	□ DELETE	2. 4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREFT ADDRESS 5.4 CITY-S1-ZIP	Change Addition
NAME STREET ADDRESS City-St-Zip		□ DELETE	61 TITLE 62 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	L_J Change

14. I hereby certify that the information supplied with this filing 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 artdress.

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