MALIF

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name M81623 (4)F & G OCEAN VENTURES, INC. Principal Place of Business Mailing Address ATTN: JC WEISSMAN ATTN: JC WEISSMAN 705 27TH AVE., S.W. #5 VERO BEACH FL 32968 705 27TH AVE., 8.W. #5 DO NOT WRITE IN THIS SPACE VERO BEACH FL 32968 3. Date Incorporated or Qualified 05/19/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0104827 Not Applicable 21 26 Suite. Apt. #. etc. Suite Ant #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intandible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEISSMAN, JOSEPH C 705 27TH AVE., S.W. #5 Street Address (P.O. Box Number is Not Acceptable) 82 **VERO BEACH FL 32968** 83 **B4** 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 taln if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition WEISSMAN, JOSEPH C NAME 12 NAME 2086 N POIPOISE PT LN STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DÉLETE Addition 2.1 TITLE GORDON, ROBERT NAME 2.2 NAME 1518 REYNARD DRIVE STREET ADDRESS 2.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE MANGANO, EDWARD C 3.2 NAME NAME 107 DEL VALLE ST STREET ADDRESS 3.3 STREET ADDRESS MELBOURNE BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4..2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. Thereby 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 is 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 changled, dr on an attachment with an address.

CR2E034 (10/97