

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M94051 (3)

1. Corporation Name

OFFSHORE CONTRACTORS INTERNATIONAL, INC.



Principal Place of Business

851 PARK CT.
PALM HARBOR FL 34683

Mailing Address

851 PARK CT.
PALM HARBOR FL 34683

3. Date Incorporated or Qualified

08/12/1988

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRIEN, CHARLES J.
851 PARK CT.
PALM HARBOR FL 34683

81 Name

Kenneth H. O'Brien

82 Street Address (P.O. Box Number is Not Acceptable)

851 Park Ct.

83

Palm Harbor Fl. 34683

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0503 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 obligation of, Sections 607.0503, Florida Statutes.

SIGNATURE

Signature of person authorized to change registered office or agent

Signature of Registered Agent

6/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

10
O'BRIEN, VICKI L
APTDO. 5121
BALBOA PA

DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

SD
O'BRIEN, SARAH I
851 PARK CT
PALM HARBOR FL

DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-STATE-ZIP

Change Addition

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 changed, or on an attachment with an address.

SIGNATURE: * Vicki L. O'Brien VICKI L. O'Brien 04/24/96 011/507/272 1196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

CR2E034 (12/95)