FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:08

DOCUMENT # P93000010799 (3)

1. Corporation Name
D.B.S.E. OCEAN CORP.

Principal Place of Business	Mailing Address
5600 NORTH SURF RD HOLLYWOOD FL 33190	5600 NORTH SURF RD HOLLYWOOD FL 33190

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) (29) (30)

4. FEI Number: 65-0386469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CHIRA, DENNIS
2990 BUDD DRIVE
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CHIRA, DENNIS	12 NAME	
STREET ADDRESS	2990 BUDD DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	CHIRA, ELIZABETH	22 NAME	
STREET ADDRESS	2990 BUDD DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33026	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	GROSS, STEVE	32 NAME	
STREET ADDRESS	5600 NORTH SURF RD.	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33190	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BENDER, BENJAMIN	42 NAME	
STREET ADDRESS	5600 NORTH SURF RD.	43 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33190	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	BOTTON, DANNY	52 NAME	
STREET ADDRESS	5600 NORTH SURF RD.	53 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33190	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 address.

SIGNATURE: * _____ 1-31-95 972-7609
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Telephone Number)

000034 CP