

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

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000010799 (3)

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



Principal Place of Business
5600 NORTH SURF RD
HOLLYWOOD FL 33180

Mailing Address
5600 NORTH SURF RD
HOLLYWOOD FL 33019-4511

3. Date Incorporated or Qualified 02/11/1983
3a. Date of Last Report 04/16/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 33019 Country

29 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIRA, DENNIS
2990 BUDD DRIVE
COOPER CITY FL 33026

81 Name DANNY BOTTON
82 Street Address (P.O. Box Number is Not Acceptable) 5833 SW 33rd AVE.
83 Fort Lauderdale, FL.
84 City FL 85 Zip Code 33312

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]* DANNY BOTTON JAN 14/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHIRA, DENNIS	
STREET ADDRESS	2990 BUDD DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CHIRA, ELIZABETH	
STREET ADDRESS	2990 BUDD DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GROSS, STEVE	
STREET ADDRESS	5600 NORTH SURF RD.	
CITY-ST-ZIP	HOLLYWOOD FL 33190	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BENDER, BENJAMIN	
STREET ADDRESS	5600 NORTH SURF RD.	
CITY-ST-ZIP	HOLLYWOOD FL 33190	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOTTON, DANNY	
STREET ADDRESS	5600 NORTH SURF RD.	
CITY-ST-ZIP	HOLLYWOOD FL 33190	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *[Signature]* DANNY BOTTON JAN 14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)