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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000017083 (5)

OFFSHORE MANAGEMENT GROUP, INC.						
Principal Plac	e of Business	Mailing Address	Mailing Address			- A SOCIODAL VID IDEAD VIVI ADDIV DANIC BONIL BOLDI HOVEL YORK DOUGH HOVEL CHAIL HOVE
350 SOUTH COUNTY ROAD 350 SOUTH COUNTY ROAI			OAD			
STE. 201 STE. 201						DO NOT WRITE IN THIS SPACE
PALM BEACH FL 33480 PALM BEACH FL 33480						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						1
2. Principal Place of Business 2a. Mailing Address						03/08/1993 4. FEI Number Applied For
				7,55,00		
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0339016 Not Applicable \$8.75 Additional
22	27				5. Certificate of Status Desired Fee Required	
City & State	е	City & State	<u> </u>			6. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip			intry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30	30		Personal Property Tax due June 30.
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
LEf	NEVE, W.L.			81	Name	
350 SOUTH COUNTY ROAD #201				82 Street Address (P.O. Box Number is Not Acceptable)		
PALM BEACH FL 33480				Ш		
	•			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 Statules.						
SIGNATURE Signature, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12,	OFFICERS AND DIRECTORS 1					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P LENEVE. DELETE 1.1		1.1 TI	TLE		LENEVE Change Addition
NAME	JANEVE, W L		1,2 N	1,2 NAME		LEIVEVE
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			1.4 C	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2 1 TI	TLE		☐ Change ☐ Addition
NAME		2		AME	1	
STREET ADDRESS		· 2.		REET #	ADDRESS	
CITY - ST - ZIP			2.40	ITY-ST	7-ZIP	
TITLE	☐ DELĒTE 3.1		3.1 TI	TLF		Change Addition
NAME			3.2 NAME		1	
STREET ADDRESS	1		3.3 S	TREET A	ADDRESS	
CITY-ST-ZIP				ITY-ST	T-ZIP	T AL
TITLE	_		4.1 Ti			Change Addition
NAME			4.21	IAME	J	
STREET ADDRESS			4.3 ST	TREET A	ADDRESS	
CITY-ST-ZIP				ITY-ST	- ZIP	
TITLE	_		5.1 TI		ł	Change Addition
NAME	5.21				/10	
Street address	ADDRESS 5.3 S		IREET A	ADDRESS	1/19/0	
CITY-ST-ZIP	<u> </u>		TY-ST	- ZIP	/ /	
TOTLE	_			6.1 TITLE		U Change U Addition 900002434709
NAME	- L		1	62 NAME		-02/19/9801002017
STREET ADDRESS				6.3 STREET ADDRESS		***635.00
CITY-ST-ZIP		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.4 CI	TY-ST	-ZIP	
14. Thereby certify that the information supplied with this filing does not quarry for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplication annual report is type and occurate 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 experience to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in						