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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000017083**1. Corporation Name

OFFSHORE MANAGEMENT GROUP, INC.

FILED Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90018 003 ***793.75



Principal Place	of Business	Mailing Address			(/BB/)BB(IVE 18/18) IVE EBIN BB() BB()		
350 SOUTH CO	IUNTY ROAD	350 SOUTH COUNTY ROAD					
STE. 201		STE. 201		DO NOT WRITE IN THIS SPACE			
PALM BEACH FL 33480		PALM BEACH FL 33480			3. Date Incorporated or Qualifed		
					03/08/1993		
2 Principal Di	land of Pusiness	2a. Mailing Address			4. FEI Number	Apr	olied For
2. Principal Place of Business		26			65-0339016		t Applicable
21]		Suite, Apt. #, etc.				\$8.75 A	
		27			5. Certificate of Status Desired		quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year Intal	ngible	
24	25	29 30	า ์				□No
24	9. Name and Address of Current		, <u> </u>		10. Name and Address of New Registered A	gent	
			81	Name			
LENEVE, W.L.		20 00			ddaga (D.O. Bay Number in Not Acceptable)		
350 SOUTH COUNTY ROAD #201		82		Street A	ddress (P.O. Box Number is Not Acceptable)		
	M BEACH FL 33480		83	 			
	1	1	L	<u> </u>			
		//		City	<u>FL</u>	85 Zip C	1
11. Pursuant t	to the provisions of Sections 607.050	and 607.1508, Florida Statutes,	the abov	e-named co	orporation submits this statement for the purpose of c	hanging its	registered
office or re agent. I ar	egistered agent, or both, in the State of m faniliar with, and accept the obligation	f Florida. Such change was auth one of, Section 607.0505, Florida	orized by a Statute:	the corpor.	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	inentas reg	Jistered
SIGNATURE	111 hm 11	لمر المحادث			uitred when reinstation) DATE	<u> </u>	
Signature typed or printed name of registered durant at				ini signativi e i eq	uned when reinstating)		
			43		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECTORS	13.	$\overline{}$	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO Change	RS IN 12
12.	P OFFICERS AND		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND		
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12. TITLE NAME STREET ADDRESS	P LE NEVE, W L 350 SOUTH COUNTY ROAD, ST	DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE	TADORESS	ADDITIONS/CHANGES TO OFFICERS AND		
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14. I hereby certify that the information supplied with this filing does not cutilify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental should report is the add 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 recover or trustee embowered 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 appetition that it is a fidness, with all other like empowered.

SIGNATURE:

ATURE OF PRINTED PAGE OF SIGNING OFFICER OR DIRECTOR

1-8-99

561-832-5030

Daytime Phone #