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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025015 (7)

TRANS OCEAN ENTERPRISES, INC. Principal Place of Business Mailing Address 6525 COLLINS AVE. 6538 COLLINS AVE. MIAMI BEACH FL 33141 #204 DO NOT WRITE IN THIS SPACE US MIAMI BEACH FL 33141 3. Date Incorporated or Qualified 04/05/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3175965 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STEPHENS, GARRICK R Name 6538 COLLINS AVE. 82 Street Address (P.O. Box Number is Not Acceptable) #204 83 MIAMI BEACH FL 33141 84 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, 39d accept the obligations of, Section 607.0505, Florida Statutes. Ge Nera SIGNATURE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition ATANASOV, KONSTANTIN NAME 1.2 NAME 6538 COLUNS AVE., #204 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition STEPHENS, GARRICK R NAME 2.2 NAME 6538 COLLINS AVE., #204 STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. I 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.

6.4 CITY-ST-ZIP

HONATURE / LI STOCK COGO THU & CTEOUS

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**FILED** 

Apr 03 1998 8:00am

Secretary of State