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Apr 18 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 # P93000046295 (0)

1. Corporation Name
A1A OCEANVIEW MART, INC.



Principal Place of Business: **675 POINSETTA DRIVE, SATELLITE BEACH FL 32937**
 Mailing Address: **2094 HIGHWAY A1A, INDIAN HARBOR BCH. FL 32937-3525, US**

3. Date Incorporated or Qualified: **07/01/1993**
 3a. Date of Last Report: **04/16/1996**

21. Principal Place of Business 2700 N. HIGHWAY A1A	22a. Mailing Address PCC 13-204	26. Suite, Apt. #, etc. INDIALANTIC, FL	27. City & State INDIALANTIC, FL	28. Zip 32903	29. Country US	4. FEI Number 59-3189818	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
23. Certificate of Status Desired <input type="checkbox"/>	5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8.75 Additional Fee Required				5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent TURIAK, WILLIAM J 675 POINSETTA DRIVE SATELLITE BEACH FL 32937				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable) 2700 N. HIGHWAY A1A			
83. City & State INDIALANTIC, FL				84. Zip Code 32903			

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	NAME TURIAK, WILLIAM J	1.1 TITLE <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 675 POINSETTA DRIVE	CITY-ST-ZIP SATELLITE BEACH FL	1.2 NAME	1.3 STREET ADDRESS 2700 N HIGHWAY A1A, PCC 13-204
TITLE VSD	NAME TURIAK, DEBORA	1.4 CITY-ST-ZIP INDIALANTIC, FL 32903	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 675 POINSETTA DR.	CITY-ST-ZIP SATELLITE BCH. FL	2.2 NAME	2.3 STREET ADDRESS
TITLE	NAME	2.4 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	3.3 STREET ADDRESS
TITLE	NAME	3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE	NAME	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: *William J. Turiak* **WILLIAM J. TURIAK 4/9/97 777-9356**

CR2E034 (9/96)