PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90268 042 ***150.00

DOCUMENT #	P93000072592
· Ocean constrain Manage is	

Corporation Name

Mailing Address			, , , , , , , , , , , , , , , , , , , ,					
5855 INDUSTRIAL DRIVE PO BOX 610 SHARPES FL 32959 US			DO NOT WR	TE IN THIS	SPACE	<u> </u>		
			3. Date Incorporated or Qualifed 10/13/1993					
2a. Mailing Address			4. FEI Number	- · · · -		Applied For		
26			59-3209424			Not Applicable		
Suite, Apt. #, etc.			5. Certifcate of Status Desired			75 Additional ee Required		
City & State			6. Election Campaign Financing - Trust Fund Contribution			.00 May Be		
— — — — — — — — — — — — — — — — — — —	untry		8. This corporation owes the curr Personal Property Tax.	ent year Int				
24 25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
FORTIER, KIM C ARLTON 5855 INDUSTRIAL DRIVE SHARPES FL 32959		Name Street Addre	ess (P.O. Box Number is Not Accept	able)				
	84	City		FL	85	Zip Code		
e of Florida. Such change was authorize pations of, Section 607.0505, Florida Sta	d by tutes.	the corporatio	n's board of directors. I nereby acce	ot ine appoi	changir ntment	ig its registered as registered		
t	PO BOX 610 SHARPES FL 32959 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Coi 29 30 ent Registered Agent 502 and 607.1508, Florida Statutes, the attempt of Florida, Such change was authorize gations of, Section 607.0505, Florida Statutes and Statutes of Florida, Such change was authorized gations of, Section 607.0505, Florida Statutes and Statutes of Florida, Such change was authorized gations of, Section 607.0505, Florida Statutes	PO BOX 610 SHARPES FL 32959 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 ent Registered Agent 81 82 83 84 502 and 607.1508, Florida Statutes, the above the of Florida. Such change was authorized by gations of, Section 607.0505, Florida Statutes	PO BOX 610 SHARPES FL 32959 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 ent Registered Agent 81 Name 82 Street Addres 83 84 City 502 and 607.1508, Florida Statutes, the above-named corporatio gations of, Section 607.0505, Florida Statutes.	Mailing Address PO BOX 610 SHARPES FL 32959 US DO NOT WRI 3. Date Incorporated or Qualifed 10/13/1993 4. FEI Number 59-3209424 Suite, Apt. #, etc. 7. City & State 28 Country 29 Country 30 Reference Agent 10, Name and Address of New Feet Address (P.O. Box Number is Not Accepta as a statement for the te of Florida, Such change was authorized by the corporation's board of directors. I hereby acceptations of, Section 607.0505, Florida Statutes.	Mailing Address PO BOX 610 SHARPES FL 32959 US DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 10/13/1993 4. FEI Number 59-3209424 Suite, Apt. #, etc. 27 City & State City & State Zip Zip Country 30 Country B. This corporation owes the current year Interest Personal Property Tax. 10. Name and Address of New Registered 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of the of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of Statutes.	PO BOX 610 SHARPES FL 32959 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/13/1993 4. FEI Number 59-3209424 Suite, Apt. #, etc. 5. Certifcate of Status Desired Fs City & State 6. Election Campaign Financing S5 Trust Fund Contribution Ad Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes ent Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing agricins of, Section 607.0505, Florida Statutes.		

agent. rai	ir lantillar with, and accept the obligations of, accept to	00, 7 10 100 010 1-1			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent sign	nature required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OF		RS IN 12
TITLE	D DEL			Change	Addition
NAME	FORTIER, KIM C	1.2 NAME			,
STREET ADDRESS	5855 INDUSTRIAL DRIVE	1.3 STREET ADO	DRESS .		
CITY-ST-ZIP	SHARPES FL 32959	1.4 CITY-ST-ZIF	,	•	İ
TITLE	☐ DEL			Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS		23 STREET ADO	DRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZI			
TITLE	□ DEL			☐ Change	Addition
NAME		3.2 NAME	•		
STREET ADDRESS		3.3 STREET ADD	RESS	and the same	^
CITY-ST-ZIP	ليستحدث والمحمول المحمول المحم	3.4. CITY-ST-ZI			
TITLE	☐ OEL		<u> </u>	☐ Change	Addition
NAME		4. 2 NAME			
STREET ADDRESS	^-	4.3 STREET ADO	neess		
		4.4 CITY-ST-ZIF			
CITY-ST-ZIP	□ DEL			☐ Change	Addition
NAME		5.2 NAME		_ ,	
_		5.3 STREET ADD	DRESS		
STREET ADDRESS	,	5.4 CITY-ST-ZIF			
CITY-ST-ZIP TITLE	□ DEL			☐ Change	Addition
		6.2 NAME			
NAME		6.3 STREET ADI	DEESS.		
STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIF	· 1		

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 all achment with an address, with all other like empowered.

SIGNATURE: