**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000000384 (5)

1. Corporation Name
OCEANIC LIASON, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~790 EAST BROWARD BLVD.~~<br>~~STE. 302~~<br>~~FORT LAUDERDALE FL 33301~~ | 790 EAST BROWARD BLVD.<br>STE. 302<br>FORT LAUDERDALE FL 33301 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21 P. O. Box 418
Suite, Apt. #, etc. 22
City & State 23: Port Aransas, Texas
Zip 24: 78373 Country 25: USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0461964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WALLACE, DEE
790 EAST BROWARD BLVD.
STE. 302
FORT LAUDERDALE FL 33301

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 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 Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D PRESIDENT | 11 TITLE | ☑ Change ☑ Addition |
| NAME | WALLACE, DEE | 12 NAME | |
| STREET ADDRESS | ~~790 EAST BROWARD BLVD. STE. 302~~ | 13 STREET ADDRESS | P.O. BOX 270566 |
| CITY-ST-ZIP | ~~FORT LAUDERDALE FL 33301~~ | 14 CITY-ST-ZIP | CORPUS CHRISTI, TX 78427 |
| | | | [redacted] (N/A) |
| TITLE | Martens Nancy SECRETARY | 21 TITLE | ☐ Change ☑ Addition |
| NAME | | 22 NAME | Martens, Nancy |
| STREET ADDRESS | 5064 MEANDERING LANE #A | 23 STREET ADDRESS | 5064 MEANDERING LANE #A |
| CITY-ST-ZIP | CORPUS CHRISTI, TX 78413 | 24 CITY-ST-ZIP | CORPUS CHRISTI, TX 78413 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: ✓ [signature] Dee Wallace ✓ March, 26, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

020884 CP