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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

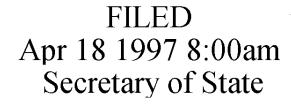
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400001446 (1)

OFFSHORE ENTERPRISES & INVESTMENTS. INC.

Principal Place of Business

Mailing Address





777 SOUTH FLAGLER UNIVE BTH FLOOR WEST PALM BEACH FL 33401	OOR BTH FLOOR					
MEST FAUM DENOM EL 33401	WEST FALM BEAUTI FE S	1010-10461		3. Date Incorporated or Qualified 12/28/1993	3a. Date of La	
2. Principal Place of Business 21 515 N. Flacker DR	2a. Mailing Address 26			4. FEI Number 65-0451530		Applied For Not Applicable
21 515 N. Flagler DR Suite, Apt. # etc 22 Soit: 300	Suite Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing	ing \$5.00 May Be	
23 W.P.B F/ Zip Country	Zip Country			Trust Fund Contribution Added to Fees		
24 33 40 / 25 U.S.	29	30	у	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
9. Name and Address of Current i				10. Name and Address of New Reg	Istered Agent	
SMYTH, DAVID		8	Name			
777 SOUTH FLAGLER DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)			
8TH FLOOR WEST PALM BEACH FL 33401			3		,	
TEST FALM BEACTIFE SOTO					·····	
		8	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 Signature: typed or pented name of registered agent and title. If applicable. (NOTE: Registered Agent signature required when reinstalling). DATE OATE						
Sign vine, typed or pointed name of registered agent. OFFICERS AND		E: Registered A	gent signature rec	quired when reinstalling) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECT	TORS IN 12
TIFLE D	DELETE	1.1 TITLE		1100110101010101010	Char	
SIMMONS, GREGORY H		1.2 NAMI	:			
STREET ADDRESS 777 S FLAGLER DRIVE, 8TH FLOOR			ET ADDRESS			}
CITY-ST-ZIP WEST PALM BEACH FL 33401		1.4 CITY				
TITLE D NAME PRUITT, WILLIAM	☐ DELETE	2.1 TITLE 2.2 NAMI		•	Char	nge 🗀 Addition 🕻
	777 C CLACLED DONE OTH CLOCK			La.		
	WEST PALM BEACH FL 33401		ET ADDRESS -ST-ZIP			
TIPLE D	DELETE	3.1 TITLE			☐ Char	nge Addition
NAME MAGUIRE, JOHN	•••	3.2 NAMI				
STREET ADDRESS 777 S FLAGLER DRIVE, 8TH FL	OOR	3.3 STAE	ET ADDRESS			
CITY-S1-ZIP WEST PALM BEACH FL 33401	T or see	3.4. CITY				
TITLE	☐ DELETE	4.1 TETLE			L_ Cha	nge L. Addition
NAME STREET ADDRESS		4. 2 NAM	ET ADDRESS			
City-St-7IP		4.3 SINE	Į.			
TITEE	DELETE	5,1 TOLE			☐ Chai	nge Addition
NAME		5.2 NAM				
STREET ANDRESS		5.3 STRE	ET ADDRESS			ŀ
C(TY+ST-Z)P		5.4 CITY	ST-ZIP			
TIPLE	☐ DELETE	6.1 TITLE			☐ Cha	nge Addition
NAME		6.2 NAM				
STREET ADDRESS			ET ADDRESS			
CITY-ST-7IP 14. I do hereby certify that the information supplied to	with this filing does not quali	6.4 C(TV)		ted in Section 119.07(3)(i). Florida Statutes	s. 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 1300k 13 if changed, or on an attachment with an address.

MAGUIRIE