

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

FILED
Apr 27 1998 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P94000002038 (5)
 1. Corporation Name
EWART OCEANIA INC.



Principal Place of Business: **16485 COLLINS AVE SUITE WS1C MIAMI BEACH FL 33160-4554**
 Mailing Address: **1061 W. OAKLAND PARK BLVD. STE. 123 FT. LAUDERDALE FL 33311**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3948 W. 171ST STREET		26 1061 W OAKLAND BLVD		01/10/1994	
22 Suite, Apt. #, etc.		27 SUITE 123		4. FEI Number	
23 N. MIAMI BEACH, FL		28 FT LAUDERDALE FL		65-0460735	
24 33160		29 33311		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 DADE		30 REWARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PERLOW, JEFFREY M % LEVINE GEIGER & PERLOW 1820 E HALLANDALE BEACH BLVD HALLANDALE FL 33009				81 Name	MOSELEY H. MALCOLM
				82 Street Address (P.O. Box Number is Not Acceptable)	1924 W. W 48TH TERRACE,
				83	
				84 City	COCONUT CREEK FL
				85 Zip Code	33063

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: *Mr H. M. Moseley* (NOTE: Registered Agent signature required when reinstating) DATE: **4/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, MICHAEL	1.2 NAME	
STREET ADDRESS	16485 COLLINS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33160-4554	1.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, MOSELEY H	2.2 NAME	
STREET ADDRESS	1061 W OAKLAND PARK BLVD. STE. 123	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Mr H. M. Moseley* **MR HARVEY MALCOLM MOSELEY 4-21-98 954 945 2303**

CR2E034 (10/97)