

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000043577 (3)

1. Corporation Name

TRANS-OCEAN INVESTMENT CORPORATION



Principal Place of Business

Mailing Address

1216 U S HWY. #1, STE. "E"
N. PALM BEACH FL 33408

PO BOX 30249
W. PALM BEACH FL 33420-0249
US

2. Principal Place of Business

2a. Mailing Address

21 1212 US Highway One

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 No. Palm Beach FL

28

Zip 33408

Country Palm Bch

29

Zip

Country

24

25

30

3. Date Incorporated or Qualified

06/09/1994

3a. Date of Last Report

04/24/1995

4. FEI Number

65-0504197

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 s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITTLE, JOHN P
1216 U S HWY. #1, STE. "E"
N. PALM BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1212 US Highway One

83

84 City

N Palm Beach

FL

85 Zip Code
33408

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 607.0502, Florida Statutes.

SIGNATURE

Signature (type or printed name of registered agent on this application)

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LITTLE, JOHN P
STREET ADDRESS 1216 U S HWY. #1, STE. "E"
CITY-ST-ZIP N. PALM BEACH FL 33408

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1212 US Highway One
1.4 CITY-ST-ZIP N Palm Beach FL 33408

TITLE D ☐ DELETE
NAME GUSSOW, PETER
STREET ADDRESS GERHARD VAN CLEV STR, 35
CITY-ST-ZIP RHEINBERG GE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96

407-775-9256

Date

Daytime Phone #

CR2E034 (12/95)