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FILED

Apr 07 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 # P94000043577 (3)

1. Corporation Name  
TRANS-OCEAN INVESTMENT CORPORATION



Principal Place of Business  
3780 BURUS ROAD  
STE 10  
WEST PALM BEACH FL 33420-0249  
US

Mailing Address  
352 SW BUTLER AVENUE  
PORT ST. LUCIE FL 34983-1913  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 352 SW BUTLER AVENUE  
Suite, Apt. #, etc.  
22 City & State  
23 PORT ST. LUCIE, FL  
Zip  
24 34983-1913  
Country  
25 USA  
2a. Mailing Address  
26 1586 SW BAYSHORE DR  
Suite, Apt. #, etc.  
27 City & State  
28 PORT ST. LUCIE FL  
Zip  
29 34983-2964  
Country  
30 USA

3. Date Incorporated or Qualified  
06/09/1994  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LITTLE, JOHN P  
3780 BURUS ROAD  
STE 10  
WEST PALM BEACH FL 33420-0249

10. Name and Address of New Registered Agent

81 Name  
B. SHANN  
82 Street Address (P.O. Box Number is Not Acceptable)  
1586 SW BAYSHORE DR.  
83  
84 City  
PORT ST. LUCIE  
FL  
85 Zip Code  
34983

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]*

BRETT SHANN, Enrolled Agent 4-2-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME           | STREET ADDRESS           | CITY - ST - ZIP         | DELETE                              |
|-------|----------------|--------------------------|-------------------------|-------------------------------------|
| D     | LITTLE, JOHN P | 1212 US HWY ONE          | N. PALM BEACH FL        | <input checked="" type="checkbox"/> |
| D     | GUSSOW, PETER  | GERHARD VAN CLEV STR, 35 | RHEINBERG GE            | <input type="checkbox"/>            |
| VP    | GUSSON, RUTH   | 352 SW BUTLER AVENUE     | PORT ST. LUCIE FL 34983 | <input type="checkbox"/>            |
|       |                |                          |                         | <input type="checkbox"/>            |
|       |                |                          |                         | <input type="checkbox"/>            |
|       |                |                          |                         | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE  | NAME                   | STREET ADDRESS        | CITY - ST - ZIP                | Change                              | Addition                            |
|--------|------------------------|-----------------------|--------------------------------|-------------------------------------|-------------------------------------|
| VP & B | GABRIEL HOR KHOO KHIEW | 111 NORTH BRIDGE ROAD | #08-09 PENINSULA PL, SINGAPORE | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|        |                        |                       |                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| VP & T | GUSSOW, RUTH           |                       |                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|        |                        |                       |                                | <input type="checkbox"/>            | <input type="checkbox"/>            |
|        |                        |                       |                                | <input type="checkbox"/>            | <input type="checkbox"/>            |
|        |                        |                       |                                | <input type="checkbox"/>            | <input type="checkbox"/>            |

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:

*[Signature]*

P. GUSSOW, Dir. 03/10/98 2843 860286

\*01149-

CR2E034 (10/97)