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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	UAL REPORT 1998	6.7	etary of State F CORPORATIONS	Secreta	ry of State
DOCUMENT # P9400066887 (8)					
OCTO, INC.				 	INIA ENIA AMIN'NY MARINA MARANA
B I B.					
[	ce of Business	Mailing Address 831 SPRING CIRCLE			
3565 E. SANDPIPER DRIVE SUITE 6		#105		DO NOT WRIT	E IN THIS SPACE
BOYNTON BEACH FL 33436		DEERFIELD BEACH FL 33441 US		3. Date Incorporated or Qualified	
2 Principal P	Place of Business	2a. Mailing Address		09/12/1994 4. FEI Number	1 Australia
21	Table Of Eddinios		E Sandpyor Dr.	65-0520963	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	le	27 ) 11C 6	( ) ( )	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Boynton	Dch. Y.	Trust Fund Contribution	Added to Fees
24	25	29 33436	30 Country US	<ol> <li>This corporation owes or has p Personal Property Tax due Jun</li> </ol>	A
	9. Name and Address of Current	Registered Agent		10. Name and Address of New P	egistered Agent
CUSEO, DARREN  Christopher Snell					
831 SPRING CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 35 85 5 ANDO IRER DA					
	ERFIELD BEACH FL 33441		83 5017	¥6	
			84 City Real	nton Be	FL 85 Zin Code 36
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. Lam familiar, with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, types or printed nurse of registered agent		NOTE: Registered Agent signature require	d when reinstating)	DATE 1178
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	
TITLE NAME	D SNELL, CHRIS	C DETEN	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	3858 E. SANDPIPER DR. SUIT	E 6	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436	M DELETE	1.4 CITY-ST-ZIP		Change C Addition
TITLE NAME	D CUSEO, DARREN	NI DECEME	2.1 TITLE	•	Change Addition
STREET ADDRESS	3585 E. SANDPIPER DRIVE	,	2 3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436	, t	2. 4 CITY - S1 - ZIP	······	
TITLE NAME		DELETE	3.1 TITLE  3.2 NAME	<b>√</b>	، L Change L Addition
STREET ADDRESS			3.3 STREET ADDRESS	N.	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE NAME		[] DELETE	4 1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		<u> </u>
TITLE NAME		[] DELETE	5.1 TITLE 5.2 NAME		L Change L Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE NAME	į.	L_ DELETE	6.1 TITLE 6.2 NAME		Change L. Addition
STREET ADDRESS	11 ·		6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP		
14. Thereby certify that the information supplied with this filling 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					
officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an atlachment with an address					

**SIGNATURE:** 

**FILED** 

May 14 1998 8:00am