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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P94000070826 (0)

OCEANIC ALLIANCE INC.

OOLAH	o Albianol IIIo.			•		
Principal Place	e of Business	Mailing Address	Mailing Address		I COURTOUR THE LANK BOOK WOLLD BOTH BOTH BOTH BOTH BOTH DEFOUND HAVE DEFY TOET	
1201 GEORGE BUSH BLVD DELRAY BEACH FL 33444 US			1201 GEORGE BUSH BLVD DELRAY BEACH FL 33483-7289 US			
					3. Date Incorporated or Qualified	
<u> </u>	iace of Business	2a. Mailing Address			4. FEI Number Applied Fo	
Suite, Apt	#. etc	26 Suite, Apt. #, etc.			NOT APPLICABLE Not Applic.  \$8.75 Additions	
22	·	27			5. Certificate of Status Desired Fee Required	"
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
<b>23</b> ] <b>7</b> (p)	Country	<b>28</b>	Countr	У	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199,032	·············
24	25	29	30		Florida Statutes Yes No	_,
<b></b>	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered Agent	
	MS, R J		81	Name		
	1 GEORGE BUSH BLVD RAY BEACH FL 33483		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
DEL	NAT DEAUN FL 30460		83	3		
ı			84	City	es Zip Code	
44 60	10	7.0000		'		
agent tas	m tamiliar with, and accept the c	obligations of, Section 607.0505, F	authorized b lorida Statute	y the corporat	poration submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as registered	ed )
12.	Signature, typod or printed name of register			jent signature requir	ired when reinstaling) DATE	
TITLE	PD	S AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Add	tition
NAM/	SIMMS, R J	Land Checker	1.2 NAME		Onango Add	iitioii
STREET ADDRESS	138 N SWINTON AVE			T ADDRESS		
CHTY+ST+ZIF	DELRAY BEACH FL		1.4 CITY-	ST-ZIP		
THILE		DELETE	2.1 TITLE		☐ Change ☐ Add	Jition
NAME			2.2 NAME			
STREET ADDRESS				T ADDRESS	,	
CHY-ST-ZIP THEF		DELETE	2 4 CITY - 3.1 TITLE	-ST-ZIP	Change Add	tition
NAME :			3.2 NAME		Ej Grange Ej Aud	IRIOH
STREET ADDRESS				T ADDRESS		
CHTY - ST - ZIF			34 CITY			
TITLE		☐ D€L€TE	4.1 TITLE		Change Add	iition
NAME			4. 2 NAME	:		
STREET ADDRESS			4.3 STREE	T ADDRESS		
City-St-79			4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Add	lition
NAME			5.2 NAME			
STREEL ADDRESS				T ADDRESS		
Dity-St-70		DELETE	5.4 C/TY-	ST-ZIP	Channe I Add	liki na
NAME		FT DETEL	6.1 TITLE		L_J Change L_J Add	ноон
STREET ADDRESS			6.2 NAME			
CITY - \$1 - Zif*				T ADDRESS		
14. I do hereb	by certify that the information su	pplied with this filing does not qua	6.4 City- lify for the ex-	emption stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the	
informatio Lani an of	n indicated on this annual repor ficer or director of the corporati	rt or supplemental annual report is:	true and acc wered to exe	urate and that	it my signature shall have the same legal effect as if made under oath, ort as required by Chapter 607, Florida Statutes; and that my name	that

SIGNATURE:

4/29/97

561.279.7511

**FILED** 

May 12 1997 8:00am

Secretary of State