## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400086338 (8)

E.A. OCEAN INVESTMENTS, INC.

Principal	Place	ol	Business
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Mailing Address

525 S. FLAGLER DR., #29-D

525 S. FLAGLER DR., #29-D

## **FILED** Aug 18 1997 8:00am Secretary of State



WEST PALM BEACH FL 33401		WES	WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified	3a. Date	e of Last F	Report
							11/29/1994	07/:	16/1996	·
2. Principal P	lace of Business		lailing Address				4. FEI Number			pplied For
21						65-0672985			lot Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired		·	Additional	
22			27 SUITE 900						lequired	
City & State	9		City & State  28 WEST PRIM BEACH FL			a	Election Campaign Financing     Trust Fund Contribution			) May Be I to Fees
Zip	Country	28 C			untr	/				
24	25	29	33401	30	•	, S &	<ol> <li>This corporation owes or has pa Personal Property Tax due June</li> </ol>			No No
24	9. Name and Address of Curre		1,,	[30]	T	- , ,	10. Name and Address of New Re			
WH	ITE, WILTON L				81	Name				
	N. FLAGLER DRIVE				-	0	(DO D. N			
WEST PALM BEACH FL 33401				82	Street Add	dress (P.O. Box Number is Not Acceptat	)IB)			
•••					83					
					84	City			ar Zin	Code
					04	City		FL	<b>85</b> Zip	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607 e of Florida gations of, S	1508, Florida Statu Such change was ection 607.0505, F	iles, the a authorize lorida Sta	bov d b tute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of control	:hanging intment as	its registered s registered
SIGNATURE										
12.	Signature, typed or printed name of registered as OFFICERS At			III : Registere	d Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CEDS AND I	DIDECTO	DC IN 10
TITLE	D OFFICENS AT	ND DIRECTO	DELETE	1.1 T	ITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	AURANEN, AHTI JUHANI				AME			٠	v.ia.igo	
STREET ADDRESS	525 S. FLAGLER DR., #29-D					ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 3340					ST-ZIP				
TITLE			DELETE	2.1 T				[	Change	☐ Addition
NAME				221	AME				_ •	_
STREET ADDRESS				235	TREET	ADDRESS	,			
CITY-ST-ZIP				2 4 1	CITY-	ST-ZIP				
TITLE			DELETE	3.1 T	ITLE			Ţ	Change	Addition
NAME				3.2 N	AME					
STREET ADDRESS				3.3 S	TREET	ADDRESS				
CITY - ST - ZIP				3.4. (	OTY-	ST-ZIP				
TITLE			DELETE	4.1 1	ITLE				Change	Addition
NAME				4. 2 1	NAME					
STREET ADDRESS				4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				4.4 0	ITY-S	ST-ZIP				
TITLE			DELETE	5.1 T	ITLE			[	Change	☐ Addition
NAME				5.2 N	AME					
STREET ADDRESS				5.3 S	TREET	ADDRESS				
CITY-ST-ZIP				5.4 0	11Y-9	31 - ZIP				
TITLE			☐ DELETÉ	6.1 }	TLE			Ī	Change	Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	TREET	ADDRESS				
0/7// 07 7/D					T1/ 6	7 700				

14. I do 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.

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