

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC 10 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000010632
 1. Corporation Name
OCEAN BUSINESS AND PROPERTY MANAGEMENT, INC.

Principal Place of Business 10830 SW 29th Place Davie, FL 33328	Mailing Address 10830 SW 29th Place Davie, FL 33328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0553407		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent KRAMER, ROBERT M. 4000 Hollywood Blvd., Suite 485 So. Hollywood, FL 33021				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D	CASLER, LEE M.	<input type="checkbox"/> DELETE		1.1 TITLE P/S/T	CASLER, LEE M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	10830 SW 29th Place			1.2 NAME	10830 SW 29th Place		
STREET ADDRESS	Davie, FL 33328			1.3 STREET ADDRESS	Davie, FL 33328		
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME	700002712527--0		
STREET ADDRESS				2.3 STREET ADDRESS	-12/15/98--01033--010		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	****150.00 ****150.00		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: *Lee Casler* 12-7-98 954-382-1217

CR2E034 (5/98)

Ocean Business and Property Management, Inc.
c/o Lee M. Casler, D.O.
10830 SW 29th Place
Davie, FL 33328

Division of Corporations
Annual Reports Section
409 E. Gaines Street
Tallahassee, FL 32399

RE: 1998 Corporation Annual Report - Ocean Business and Property
Management, Inc. (the "Corporation")

To Whom It May Concern:

Please be advised that I never received the 1998 Corporation Annual Report for Ocean Business and Property Management, Inc. from the Department of State, and I am now informed that the Corporation has been dissolved involuntarily for failure to file same.

Accordingly, enclosed please find an original 1998 Corporation Annual Report together with a check payable to the Department of State in the amount of \$150. I understand that the penalty of \$500 may be waived pending receipt of a letter explaining why the 1998 Corporation Annual Report was not filed.

Please return to me verification of filing. A self-addressed, stamped envelope is enclosed for your mailing convenience.

Please call me with any questions you may have regarding the above.

Thank you for your assistance regarding this matter.

Very truly yours,

OCEAN BUSINESS AND PROPERTY
MANAGEMENT, INC.

BY: 
Lee M. Casler, President

LMC/st
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