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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026288 (7)

OCEAN CONSULTING CO., INC. Principal Place of Business Mailing Address 2323 DEL PRADO BLVD. STE. 3 CAPE CORAL FL 33990 CAPE CORAL FL 33990								
						3. Date incorporated or Qualified 03/30/1995	3a. Date of Las	
2. Principal P	lace of Business	2a. Mailing Add	lress			4. FEI Number		Applied For
21]		26				65-0591483		Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	б	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	28		Country		Trust Fund Contribution		
24	25	29	3	ol		8. This corporation has liability for i	ntangible tax ulide] Yes	r s. 199.032,
	9. Name and Address of Curren			Ī		10. Name and Address of New Re		
BLONDAL, KRISTINN V				В1	Name			
	DEL PRADO BLVD. STE. 3			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
CAP	E CORAL FL 33990			-				
				83				
				84	City		FL 85 Z	ip Code
office or r	registered agont, or both, in the State im familiar with, and accept the obligation Signature typed or printed nane of registered ago	of Florida. Such cha ations of, Section 607	nge was au 7.0505, Flori	thorized by da Statutes	the corpora	poration submits this statement for the p ation's board of directors. I hereby accep aired wher reinstating)	of the appointment	as registered
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D PI ONDAL KOISTININ V	LI	DELETE 1.1				☐ Chan	ge 🔲 Addition
NAME	BLONDAL, KRISTINN V 2901 SE 8TH STREET			1.2 NAME				
STREET ADDRESS	CAPE CORAL FL 33904-3508			1.3 STREET	ì			
CITY-ST-ZIP	074 2 00742 7 2 00007 0000		DELETE	14 CHTY-S 21 THLE	1 - ZIP		Chan	ne Addition
NAME				2.2 NAME				,
STREET ADDRESS	1			2.3 STREET	ADDRESS			
CITY-ST-ZIP				2.4 CITY - S	1 - ZIP			
TITLE			DELETE	3.1 TITLE			Chan	ge Addition
NAME	{			3.2 NAMÉ		•	•	
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP			DELETE	34. CITY-S	T-ZIP			. The same
TITLE		اليا	JE LE TE	4110UF	ļ		Chang	ge [_] Addition
STREET ADDRESS				4. 2 NAME 4.3 \$1REE1	Annocee			
CITY-ST-ZIP TITLE			OFLE1E	4.4 CHY-S 5.1 THE	1-711		Chang	e Addition
NAME		- -		5.2 NAME	Ì			
STREET ADDRESS				5.3 \$TREET	ADDRESS			
CITY-ST-ZIP				54 CITY-S	1 - ZIP			
TITLE			DELETE	6.1 TITLE			Chan	ge 🔲 Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 \$1REE1	ADDRESS			
CITY-ST-7IP	1			64 C(1) Y - S	1 - 71P			

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 of 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 eath; that I am an officer or director of the corporation of the occiver 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 a stagement with an address.

FILED

May 16 1997 8:00am

Secretary of State