

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000030206 (3)**

1. Corporation Name

ENDLESS OCEANS, INC.



Principal Place of Business

**790 E. BROWARD BLVD.
SUITE 302
FT. LAUDERDALE FL 33301**

Mailing Address

**790 E. BROWARD BLVD.
SUITE 302
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

21 2642 SW 23rd Terr.

Suite, Apt. #, etc.

22 #201

City & State

23 Ft. Lauderdale, Fl

Zip

24 33312

Country

25 USA

2a. Mailing Address

26 c/o Acctg. & Business Conslts.

Suite, Apt. #, etc.

27 790 E. Broward Blvd. #302

City & State

28 Ft. Lauderdale, Fl

Zip

29 33301

Country

30 USA

9. Name and Address of Current Registered Agent

**O'CONNOR, MAURICE W
4525 POINCIANA STREET
#8
LAUDERDALE BY THE SEA FL 33308**

3. Date Incorporated or Qualified

04/18/1995

3a. Date of Last Report

4. FEI Number

65-0573990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
2642 SW 23rd Terrace, #201

83.

84. City

Ft. Lauderdale

FL

85. Zip Code

33312

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and shall be applicable

(If the Registered Agent signature is required when he is acting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **O'CONNOR, MAURICE W**
STREET ADDRESS **4525 POINCIANA STREET #8**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2642 SW 23rd Terrace, #201**
1.4 CITY-ST-ZIP **Ft. Lauderdale, Fl 33312**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Baker, Rebecca**
2.3 STREET ADDRESS **2642 SW 23rd Terrace, #201**
2.4 CITY-ST-ZIP **Ft. Lauderdale, Fl 33312**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96

305-587-8548

Daytime Phone #

CR2E034 (12/95)