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Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000055892 (0)

1. Corporation Name
OCEANVIEW, INC



DO NOT WRITE IN THIS SPACE.

Principal Place of Business 10775 S.W. 43 ST. MIAMI FL 33165		Mailing Address 10775 S.W. 43 ST. MIAMI FL 33165	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22		27	City & State
24	Zip	29	Country
25		30	
9. Name and Address of Current Registered Agent PROFFITT, JAMES J 10775 S.W. 43 ST. MIAMI FL 33165		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
		FL	
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 title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROFFITT, JAMES J	1.2 NAME					
STREET ADDRESS	10775 S.W. 43 ST.	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP					
TITLE		2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2.4 CITY-ST-ZIP					
TITLE		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		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		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		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 *James J. Proffitt* 4/1/98 (850) 122-2222

CR2E034 (10/97)