

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 # **P95000078259 (5)**

1. Corporation Name

**OCEAN ONE TWELVE COMMUNICATIONS, INC.**



Principal Place of Business

**1000 SOUTHERN BLVD. SUITE 300  
WEST PALM BEACH FL 33405**

Mailing Address

**1000 SOUTHERN BLVD. SUITE 300  
WEST PALM BEACH FL 33405**

2. Principal Place of Business

21 **11650 N.W. 19TH DRIVE**

2a. Mailing Address

26 **11650 N.W. 19th DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **CORAL SPRINGS, FL**

City & State

28 **CORAL SPRINGS, FL**

Zip

24 **33071**

Country

25 **U.S.**

Zip

29 **33071**

Country

30 **U.S.**

9. Name and Address of Current Registered Agent

**MCCRACKEN, JOHN B  
505 S FLAGLER DR, SUITE 1100  
WEST PALM BEACH FL 33401-3475**

3. Date Incorporated or Qualified

**10/06/1995**

3a. Date of Last Report

4. FEI Number

**65-0625471**

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)

83

84 City

**FL**

85 Zip Code

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 true if applicable

(NOTE: Registered Agent's signature is required when registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D**  
**TOMEU, ENRIQUE A**  
**1000 SOUTHERN BLVD, SUITE 300**  
**WEST PALM BEACH FL 33405**

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD**  
**ALONSO, GLORIA**  
**1000 SOUTHERN BLVD, SUITE 300**  
**WEST PALM BEACH FL 33405**

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD**  
**HARRIS, DEREK W**  
**11650 NW 19TH DR**  
**CORAL SPRINGS FL 33071**

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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 officer 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

**DEREK HARRIS PRESIDENT 7-30-96 (954) 796**

Date

Daytime Phone #

2-161

CR2E034 (12/95)