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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000088135	(5)
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Country

9. Name and Address of Current Registered Agent

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-11151 66TH STREET-NORTH, SUITE 401

-KAUFMANN, BRUCE G

OCEAN AFFAIR, INC.

Principal	Place	of	Business
1 11110-1112			200

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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8417 121 PLACE N. LARGO FL 34643

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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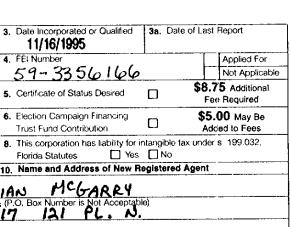
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8417 121 PLACE N. LARGO FL 34643



83 -LARGO FL 34643\_ City **B4** 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. HCHARRY - PRESIDENT Brean. BRIAN ed agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE D 1.1 TITLE TITLE MCGARRY, BRIAN 1.2 NAME NAME 8417 121 PLACE N. 1.3 STREET ADDRESS STREET ADDRESS **LARGO FL 34643** 1.4 CITY - ST - ZIP CITY-S1-ZIP Change DELETE ■ Addition 2 1 TITLE THLE KOCH, MARY LOU 2.2 NAME NAME 8417 121 PLACE N. 2.3 STREET ADDRESS STREET ADDRESS **LARGO FL 34643** 2.4 CITY - ST - ZIP CITY - S1 - ZIP Change ☐ Addition DELETE 3. 1 TITLE TITLE 3.2 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP DiTY-ST-ZIP Change Addition DELFTE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP Chance Addition DELETE 5. 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP

Country

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Street Add

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14. Ido 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 13 if chapted, or on any attachment with an address.

BRAN D. MCGARRY 4-26-96
SIGNING OFFICER OR DIRECTOR
Date

813-536-6118

CR2E034 (12/95)