

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

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AND
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Pg. 1082

97 JUL 18 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000006802 (8)

1. Corporation Name
PLANET OCEAN, INC.

Principal Place of Business 200-150TH AVE MADEIRA BEACH FL 33708	Mailing Address 200-150TH AVE MADEIRA BEACH FL 33708-2008
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/23/1996	3a. Date of Last Report
4. FEI Number 59 345 3481 mailing	4a. Date of Last Report
5. Certificate of Status Desired ☒ Yes ☐ No	\$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

9. Name and Address of Current Registered Agent EVELAND, JANINE 200-150TH AVE MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11-12	
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

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 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 attachment with an address.

SIGNATURE _____ DATE _____

pg. 2 of 2

ON THE BEACH
200 150th Avenue
MADEIRA BEACH, FL 33708

Phone/FAX (813) 397-5980

Memo

LETTER

Date

Jun 12 97

Subject

To: Division of Corporations
Annual Reports Section
PO Box 1500

Tallahassee FL 32302-1500

Dear Sir; As requested I am writing to inform your office that we have received our 97 Corporate Annual Report back as damaged in the mail. The postmark still visible as Apr. 10. Enclosed please find our replacement check. We are requesting a certificate of status as a result and am including the additional \$8.75. Once again thank you for your attention. Please phone if further information is needed.

[Signature]

☐ Please reply

☐ No reply necessary

SIGNED