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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 21 1998 8:00am

Secretary of State

■ Addition

DOCUMENT # P96000007240 (0)

OCEAN PALACE ENTERPRISES, INC.

Principal Place of Business Mailing Address 9 ANASTASIA BLVD 4265 A1A SOUTH ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084-4501 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 59-3373453 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent CHANG, JOHN H 81 4265 A1A SOUTH Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32084-4501 83 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Typed or pented name of repulared against and to eld applicable (NOTE Propistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE TIFLE Change 1.1 1016 Addition CHANG, JOHN H NAME 1.2 NAME CR2E034 **4265 A1A SOUTH** STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE FL 32084-4501 CITY-ST-ZIP 1.4 CITY - \$T - 7IF DELETE TITLE 2.1 TOUR Change Addition CHANG, MARJORIE H NAME 2.2 NAME **4265 A1A SOUTH** STREET ADDRESS 2.3 STREET ADDRESS ST AUGUSTINE FL 32084-4501 CITY-SI-ZIP 2 4 CHY-S1-7IP DELETE TITLE 3 1 111LF Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y - ST - ZIP DELETE TITLE 4.1 THE Change Addition NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE 5.1 THE Change Addition

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

5.2 NAME

6111111

6.2 NAME

DOLLETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP