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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000025041 (0)**

1. Corporation Name
OCEAN IMAGE POST, INC.

Principal Place of Business	Mailing Address
~~SUITE 8000~~ ~~4000 MARSH LANDING BOULEVARD~~ ~~PONTE VEDRA BEACH FL 32082~~	~~SUITE 8000~~ ~~4000 MARSH LANDING BOULEVARD~~ ~~PONTE VEDRA BEACH FL 32082-1275~~

3. Date Incorporated or Qualified: 03/21/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 8032 PHILLIPS HWY
Suite, Apt. #, etc.
22: Suite 1
City & State
23: Jacksonville, FL
Zip 24: 32256 Country 25:

2a. Mailing Address
26: 830-13 A1A North, Ste. 318
Suite, Apt. #, etc.
27:
City & State
28: Ponte Vedra Beach, FL
Zip 29: 32082 Country 30: USA

4. FEI Number: 59-3374691 ☐ 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

9. Name and Address of Current Registered Agent

DUSS, JOHN S IV
SUITE 1600
200 WEST FORSYTH STREET
JACKSONVILLE FL 32201-0479

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street, Ste. 2800
83:
84 City: Same FL 85 Zip Code: 32202

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 _____ DATE
Signature of, type or printed name of, registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HOWE, DEBORAH M		1.2 NAME	
STREET ADDRESS	SUITE 8000, 4000 MARSH LANDING BOULEVARD		1.3 STREET ADDRESS	930-13 A1A North, Ste. 318
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		1.4 CITY-ST-ZIP	Same
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HOWE, REX R		2.2 NAME	
STREET ADDRESS	SUITE 8000, 4000 MARSH LANDING BOULEVARD		2.3 STREET ADDRESS	830-13 A1A North, Ste. 318
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		2.4 CITY-ST-ZIP	Same
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	MASSANISO, PETER A		3.2 NAME	
STREET ADDRESS	SUITE 8000, 4000 MARSH LANDING BOULEVARD		3.3 STREET ADDRESS	1548 The Greens Way, Ste. 6
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		3.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	D	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	DUSS, JOHN S IV		4.2 NAME	
STREET ADDRESS	SUITE 1600, 200 WEST FORSYTH STREET		4.3 STREET ADDRESS	50 N. Laura Street, Ste 2800
CITY-ST-ZIP	JACKSONVILLE FL 32202		4.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 an attachment with an address.

SIGNATURE: Deborah Howe 4/3/97 904/273-4021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016512