

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

8032 PHILLIPS HWY  
1  
JACKSONVILLE FL 32256  
US

Mailing Address

830-13 A1A NORTH  
318  
PONTE VEDRA BEACH FL 32082  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 24621 Harbour View Drive  
Suite, Apt #, etc.

22 City & State  
23 Ponte Vedra Beach, FL

24 Zip 32082 25 US

2a. Mailing Address

26 24621 Harbour View Drive  
Suite, Apt #, etc.

27 City & State  
28 Ponte Vedra Beach, FL

29 Zip 32082 30 US

3. Date Incorporated or Qualified

03/21/1996

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DUSS, JOHN S IV  
50 N. LAURA ST.  
STE. 2800  
JACKSONVILLE FL 32202

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HOWE, DEBORAH M  
STREET ADDRESS 830-13 A1A NORTH, STE. 318  
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE D  
NAME HOWE, REX R  
STREET ADDRESS 830-13 A1A NORTH, STE. 318  
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE D  
NAME MASSANISO, PETER A  
STREET ADDRESS 1548 THE GREENS WAY, STE. 6  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D  
NAME DUSS, JOHN S IV  
STREET ADDRESS 50 N. LAURA ST., STE 2800  
CITY-ST-ZIP JACKSONVILLE FL

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 DP  
1.2 NAME  
1.3 STREET ADDRESS 24621 Harbour View Drive  
1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

2.1 TITLE D,V,P.  
2.2 NAME  
2.3 STREET ADDRESS 24621 Harbour View Drive  
2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D, S, T  
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 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, 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 M. Howe*

3/10/98

CR2E034 (10/97)