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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

MISSPELLED ONWHAT

1997

DOCUMENT # P96000056521
OCEAN EDUXATIONAL INSTITUTE INC.

EDUCKTIONAL

Principal Place of Business

Mailing Address

**FILED** May 20 1997 8:00am Secretary of State

P.O. BOX 222286 HOLLYWOOD FL 33022		HOLLYWOOD FL S	HOLLYWOOD FL 33022-2286			
					3. Date Incorporated or Qualified 07/03/1996	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-0676634	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State	¬ ·		6. Election Campaign Financing \$5.00 May Be	
Zip Country		7io	Zip Country		Trust Fund Contribution	
24	25	<del> </del>	30	y	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 12 No	
24	9. Name and Address of Curre	29 ent Registered Agent	[30]		10. Name and Address of New Red	
EĎE\	/OLA, ALBERT L JR		81	Name		
	SOUTH FEDERAL HIGHGWAY		20		ddepon (D.O. Boy Number is Not Appendable)	
	AUDERADLE FL 33301		82	82 Street Address (P.O. Box Number is Not Acceptable)		e)
1,00	SAUDEIVEE I E GOOT		83	<u> </u>		
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			84	City		FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.05	502 and 607.1508, Florid	a Statutes, the abov	c-named co	progration submits this statement for the pr	urpose of changing its registered
office or re	egistered agent, or both, in the Sta m femiliar with, and accept the obli	te of Florida, Such chang igations of Section 607 (	ge was authorized b 0505: Elorida Statute	y the corpor s	ration's board of directors. I hereby accep	I the appointment as registered
agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered a	agent and tille if applicable	(NOTL: Fegistered Ag	ent signature rec	guired when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DEI	.ETE 11 THLE	\	1, D Francia Albert Li.	Change Addition
NAME	FREVOLA, ALBERT L JR		1.2 NAME		HILL AND MY ST.	<i>J</i> ~ 3
	% P.O. BOX 222286		1 3 STREE	I AUDRESS	7/10 FW #2 OHYZEL	
CITY-ST-ZIP	HOLLYWOOD FL 33022		1 4 CITY -	S1 - ZIP	Gocowert Creek, +	<i>-</i>
TITLE	D	∐ DEI			P,D	Change Addition
NAME			2 2 NAME		PD Change Addition  PDavid Turner  815 N. North lake Orice	
% P.O. BOX 222286			23 STREET ADDRESS		By the two the take of the	
CITY-ST-ZIP	HOLLYWOOD FL 33022		2.4 CITY-	\$1-74P	Hollywood, FL 330	544 
TITLE		☐ DEL				☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			I I	I ADDRESS		
CITY-ST-ZIP		DEL	3 4. CITY -	ST - ZIP		Change Addition
DAL'E						C Gliange C Addition
NAME *			4. 2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP		DEL	4.4 CHY- ETE 5.1 TITLE	ST- ZIP		Change Addition
TITLE		<u>[]</u> DEI				Change C vontroil
NAME DEDECT ADDRESS			5.2 NAME	LADDRECC		1 2/8
STREET ADDRESS				ADDRESS		2001
CITY-ST-ZIP TITLE		DEL	5.4 CDY- ETE 6.1 TITLE	51 - ZIP		☐ Change ☐ Addition
l l		الله الله	6.2 NAME		700000000	
NAME CTREET ADDRESS			E	T ADDRESS	70000220) -06/04/9701004	- 1 - 5 f 1040
STREET ADDRESS			•	I ADDRESS	***165.80	ל די פרט די
CITY-ST-ZIP	as a set if a that the information as well	iad with this filips done n	6.4 CITY-		ad in Section 119.07(3)(i) Florida Statules	Lifurther certify that the

I have been used to be the same formation supplied with this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee 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.