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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

P.O. Box 3693

26

CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apl. #, etc.

City & State

Zip

21

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Namo P97000013627 (9)

OCEANIC RETRIEVALS, INC.

Principal Place of Business	Mailing Address
27 HORTON CIRCLE	27 HORTON CIRC
SARASOTA FL 34232	SARASOTA FL 34

FILED Feb 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Yes

8. This corporation owes or has paid the current year Intangible

3. Date Incorporated or Qualified 02/10/1997

4. FEI Number 65-0730820

6. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

7 725 N. A1A, SUITE E-206 JUPITER FL 33477			Hame				
			Street	eet Address (P.O. Box Number is Not Acceptable)			
•	The source	83	1			-	
		84	City		85	Zip C	Code
			<u> </u>	<u>_FL</u>			
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statut registered agent, or both, in the State of Florida. Such change was a am familiar with, and accept the obligations of, Section 607.0505, Flo	authorized b	v the con	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appora-	chang intme	ing its nt as i	s registered registered
SIGNATURE							·
	Signature typed or prented name of repostered agent and little if applicable (NOT OF FICE RS AND DIRECTORS	13.	jeni signature	required when reinstating) DATE	DIDE	STOR	C (N) 10
12.	OFFICERS AND DIRECTORS DELETE	13. 11 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	☐ Ch		Addition
	[ni Re	Augilion
NAME	JOHNSON, RALPH R	1.2 NAME					
STREET ADDRESS	27 HORTON CIRCLE		T ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-	ST-ZIP		10		I Lagren
TITLE	DELETE	2.1 TIFLE			[] Ch	inge	Addition
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREE	T ADDRESS	•			
CITY-ST-ZIP	Philade	2. 4 CITY -	ST-ZIP		1 0		A dates
TITLE	DELETE	3 t TITLE			Ch.	ange	Addition
NAME		3 2 NAME					
STREET ADDRESS		3.3 STREE	T ADDRESS				
CITY - ST - ZIP		3.4. CITY -	ST-ZIP				
TITLE	DELETE	4.1 TITLE			Ch:	ingé	Addition Addition
NAME		4 2 NAME					
STREET ADDRESS		4.3 STREE	t address				
CITY-ST-ZIP		4.4 CITY-	ST-ZIP				
TITLE	DELETE	5.1 TITLE			Ch:	inge :	Addition
NAME I		52 NAME					
STREET ADDRESS		5.3 STREE	T ADDRESS				
CITY - ST - ZIP		5.4 CITY-	ST-ZIP			_	
TITLE	☐ DELETE	6.1 TITLE			Ch	inge	Addition
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREE	T ADDRESS				
CITY-ST-ZIP		6.4 CITY-	ST-ZIP				
	certify that the information supplied with this filing does not qualify to			ed in Section 119.07(3)(i). Florida Statutes, I further cer	tify the	t the	information

indicated on this annual report or supplied with rins ming does not quality for the exemption stated in Section 1 19.07(3)(f), Proride Statutes. I further certify that the information indicated on this 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: Palat R. Johnson

RALAL R. JOHNSON

561-748-0669

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☑ No