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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053382 (2)

INTER-OCEAN AGENCIES, ING.

## FILED Apr 20 1998 8:00am Secretary of State



B) 1 (0) (1)	A delle e A elele e e		
Principal Place of Business	Mailing Address		
5418 ALTON ROAD MIMAI BEACH FL 33140	5418 ALTON ROAD Mimai Beach FL 3314	0	DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
•			06/16/1997
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 1 Applied For Not Applicable
Suite, Apt. #, etc.	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
23	<b>28</b>	Country	Trust Fund Contribution
Zip Country	29	30	8. This corporation owes or has paid the current year Intangible Personat Property Tax due June 30. Yes No
24 25 9. Name and Address of		30]	10. Name and Address of New Registered Agent
WOLF, MICHAEL H  2450 NE MIAMI GARDENS DR 2ND FL  81 NSWIICHAEL H. LIDUS ESS  82 Street Address (P.O. Box Number is Not Acceptable)			
NO MIAMI BEACH FL 33180	ZNU FL	82 Street Add	Tress (P.O. Box Number is Not Acceptable)  NORTH LANKES ITV DRIVE
MO MIAMI DEACH PL 55 100		83	1010
e in the second of the second		Suit	e 101->
ti		84  City	ntation FL 85 Zp Code 33322
41 Pursuant to the provisions of Sections 6	07 0502 and 607 1508. Florida Sta	tutes, the above-named cor	rporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the	Slaid of forida. Such change wa	is authorized by the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or Market Meet regis	tered agont and the if applicable (N	IOTE: Registered Agent signature requ	ured when reinstating)  DATE
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE FRES.	DELETE	1.1 TITLE	Change Addition
NAME A. EZEKIEL		1.2 NAME	
STREET ADDRESS 5418 ALTON RO	D .	1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH.	7-10. 33140	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY - ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<i>a</i> .
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	<1/h/1/2.
STREET ADDRESS		5.3 STREET ADDRESS	#/ 14/ <i>A</i> 7)
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5000245 Change Addition
TITLE	☐ DELETE	61 TITLE	-04/21/9801003022
NAME		6.2 NAME	***150.00
STREET ADDRESS	∕n .	63 STREET ADDRESS	ಾನಾಗಿ ಕೆ 'ಸಾಗಿ ಕೆ ದೇಶಿ'
CITY-ST-ZIP		6.4 CITY-ST-7IP	0 4 440 07/00/2 53-14- 0-44- 17- 0-44
14. I hereby certify that the information sup	plied with this filips does not qualif	y for the exemption stated i	n Section 119.07(3)(i), Florida Statutes, I further certify that the information

officer or director of the corporation or the regarded state and that my signature state have the same legal effect as it finds of the regarded of the regarded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or or an attachment with an address.