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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #* P97000054654 (3)

OCEANIC MANGAGEMENT GROUP INC.

FILED Mar 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						ne detre deded derde drett fint edat
757 SE 17TH STREET		757 SE 17TH STREET				
SUITE 702		SUITE 702		DO NOT HIDITE OF THE		
FORT LAUDERDALE FL 33316		FORT LAUDERDALE FL 33316		DO NOT WRITE IN TI	HIS SPACE	
1					 Date Incorporated or Qualified 06/20/1997 	
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number	
21		26 49 SW 13 TH STOCK		4. FEI Nulliger	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		C. Flooring Committee Financian		
23		28 Ford Cauteduk FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count		8. This corporation owes or has paid the	····
24	25	29 33315		<u> Low</u> r	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current		1001 0	VV	10. Name and Address of New Register	
LARMAN, JAMES E				1 Name		
757 SE 17TH STREET			_			
	IITE 702	82 Street Addre		ess (P.O. Box Number Is Not Acceptable)		
	PRT LAUDERDALE FL 33316		8	3		
			8	4 City		EL 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 nanie of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE			1.1 TITLE			☐ Change ☐ Addition
NAME	Larman, James e		1.2 NAM			
STREET ADDRESS	757 SE 17TH ST, STE 702		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		1.4 CITY	ST-7IP		
TITLE		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY	·ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	:		
STREET ADDRESS			3.3 STREE	T ADDRESS		Ì
CITY-ST-ZIP			3.4. CITY	ľ		
TITLE		DELET E	4.1 TITLE			Change Addition
NAME			4. 2 NAMI	.		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY -	ST-7IP		
TITLE		DELETE	5.1 TITLE	VI E		Change Addition
NAME			5.2 NAME			OW
STREET ADDRESS				T ADDRESS		3(3)
CITY-ST-ZIP			5.4 CITY-	- 1		717
TITLE		DELETE	6.1 TITLE	91-61	90000024555	hange Addition
NAME			6.2 NAME		9000024569 -03/13/9801057	3.25 - 21 - 22 - 22 - 23 - 23 - 23 - 23 - 23
STREET ADDRESS					***150.00	000
	-			T ADDRESS	ホホホエンひ ・ ひじ	
CITY-ST-ZIP			6.4 CITY -	SI-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 codioration of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

484-364.242