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Feb 20 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 # P97000064458 (7)

1. Corporation Name

OFF SHORE - INLAND ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

244 N CAUSEWAY
NEW SMYRNA BEACH FL 32169

244 N CAUSEWAY
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

21 248 N. Causeway

2a. Mailing Address

26 248 N. Causeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 New Smyrna Beach

27 New Smyrna Beach

City & State

City & State

23 FL.

28 FL.

Zip

Country

24 32169

25 Volusia

Zip

Country

29 32169

30 Volusia

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTIAN, HERBERT W
244 N CAUSEWAY
NEW SMYRNA BEACH FL 32169

81 Name

Herbert W. Christian

82 Street Address (P.O. Box Number is Not Acceptable)

681 Venson CT.

83

84 City

Deltona

FL

85 Zip Code

32738

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHRISTIAN, HERBERT W
STREET ADDRESS 681 VENSON CT
CITY-ST-ZIP DELTONA FL 32738

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME CHRISTIAN, CHARLES R
STREET ADDRESS 3549 GORDON AVE
CITY-ST-ZIP MYRTLE BEACH SC 29577

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME CHRISTIAN, CLINTON D
STREET ADDRESS 1309 HOMEWAY LANE
CITY-ST-ZIP DELTONA FL 32738

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

TITLE T
NAME BARKER, ANTHONY T
STREET ADDRESS 1092 COBBLESTONE AVE
CITY-ST-ZIP DELTONA FL 32725

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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 Herbert W. Christian 2-11-98 467,574,2502

CR2E034 (10/97)