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

FILED May 14 1998 8:00am Secretary of State

P97000077841 (9) **DOCUMENT** # OCEANIA, INC. Principal Place of Business Mailing Address 888 CARDINAL AVE. 688 CARDINAL AVE. ROCKLEDGE FL 32955 ROCKLEDGE FL 32855 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3469959 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State **\$5.00** May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOHNSON, EMMELINE L 888 CARDINAL AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **ROCKLEDGE FL 32955** 83 Zip Code 84 City 65 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 Honda. 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 it applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE PRESIDENT EMMELINE L JOHNSON 1.2 NAME NAME 888 CARDINAL AVENUE 13 STREET ADDRESS STREET ADDRESS ROCKLEDGE FL32955 14 CHY-S1-7P CITY-ST-ZIP DELETE Change Addition 21 THEE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition 3 1 11TLF TITLE 3.2 NAMI NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CHY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ___ Addition DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP ___ Addition Change DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filing closs 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.

11/2 108/10/100