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 #

P97000106914 (9)

THM OCEAN, INC.

Principal Place of Business

Mailing Address

20035 PALM ISLAND DRIVE BOCA RATON FL 33498 20035 PALM ISLAND DRIVE BOCA RATON FL 33498

FILED May 06 1998 8:00am Secretary of State



BOCA RATON FL 33498		BOCA RATON FL 33498				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						12/19/1997		
2. Principal Pla	ace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number Applied For		
21 26						65-0800260 Not Applicable		
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				S8.75 Additional		
22		27				5. Certificate of Status Desired Fee Required		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be		
23	28					Trust Fund Contribution Added to Tool		
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. 🔲 Yes 🔼 No		
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY					81 Name			
	1 HAYS STREET			82 Street Address (P.O. Box Number is Not Acceptable)				
	LAHASSEE FL 32301-2525			-	00011	Tables (1.5. Box Marines to Met Messperior)		
17 12				83				
				84	City	85 Zip Code		
				84	City	FL S Zp 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								
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.]					required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT DELETE 1.1		1.1 10	TLE .		☐ Change ☐ Addition		
NAME	KORNITZER, TOM		1.2 NA	1.2 NAME				
STREET ADDRESS 20035 PALM ISLAND DRIVE			1.3 ST		ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CF	1.4 CITY - ST - ZIP				
TITLE	VS	★ DELETE	2.1 TITLE		1	VS Addition		
NAME	BAGBY, MAC	•	2.2 NAI		1	michael P. Mc Manus.		
STREET ADDRESS			2.3 ST	REET.	ADDRESS	2008 Palm Island Drue		
CITY-ST-ZIP	BOCA RATON FL 33498		2.4.0	2. 4 CITY - ST - ZIP		Michael P. Mc Manus. 2008 Folm Island Dowe Bock Retor Pl 33498		
TITLE			3.1 TIT			Change Addition		
NAME			3.2 NA	ME	j			
STREET ADDRESS			3.3 ST	RÉFT.	ADDRESS			
CITY-ST-ZIP	■ ***		3.4. CI					
TITLE			4.1 TII	•••••	'i	Change Addition		
NAME	_		4. 2 N	AME	1			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP								
TITLE			_	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition		
NAME		L.J.	5.2 NA		ł	_ ******		
· · · · · · · · · · · · · · · · · · ·					ADDRESS			
STREET ADDRESS					1			
CITY-ST-ZIP				5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition		
TITLE		_ victi				C o wildow		
NAME			6.2 NA					
STREET ADDRESS					ADDAESS			
CITY-ST-ZIP 64.CIT 14. I hereby certify that the information supplied with this filing does not qualify for the exe						od in Caption 118 07/2Vi). Florida Statutes 1 further partify that the Information		
14. I nereby co	eriny inal the information supplied wi	or one mong coes not quality to	л пин ехе	лирі	non state	A in Section (19.0/13/0), Florida Statutes, Flutther certify that the information		

14. Thereby certify that the information supplied with this limit does not qualify for the exhibition stated in 15 section. This is not a few formation indicated on this annual report is rule 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.

4/12/98

054. 003 Care