

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moriham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S11851** (0)

1. Corporation Name  
**OCEANIC ENDEAVOURS INCORPORATED**



Principal Place of Business <b>1323 SE 17TH ST. SUITE 277 FT LAUDERDALE FL 33316 US</b>	Mailing Address <b>C/O ACCOUNTING &amp; BUSINESS CONSLT. INC. 780 E BROWARD BLVD. SUITE 302 FT LAUDERDALE FL 33301-2077</b>
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3. Date Incorporated or Qualified <b>11/09/1990</b>	3a. Date of Last Report <b>03/19/1996</b>
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2. Principal Place of Business 21 <b>140 SCENIC MAGNOLIA DR.</b> Suite, Apt. #, etc. 22 City & State 23 <b>DELAND FL</b> Zip 24 <b>32724</b> 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number <b>65-0224245</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**TAYLOR, FRANKLIN W., JR.  
1323 S.E. 17TH ST., #277  
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

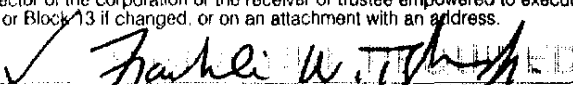
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>140 Scenic Magnolia Drive</b>
83
84 City <b>DeLand</b> 85 Zip Code <b>FL 32724</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>140 SCENIC MAGNOLIA DR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAYLOR, FRANKLIN W., JR.</b>		1.2 NAME	
STREET ADDRESS <b>1323 S.E. 17TH ST., #277</b>		1.3 STREET ADDRESS <b>DELAND FLORIDA 32724</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>140 SCENIC MAGNOLIA DR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TAYLOR, DEBORAH A.H.</b>		2.2 NAME	
STREET ADDRESS <b>1323 S.E. 17TH ST., #277</b>		2.3 STREET ADDRESS <b>DELAND FLORIDA 32724</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 APR. 97

Date Daytime Phone #

CR2E034 (9/96)