

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

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**Feb 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S20952 (5)

1. Corporation Name
1739 SOUTH OCEAN, INC.



Principal Place of Business 265 SUNRISE AVENUE SUITE 204 PALM BEACH FL 33480	Mailing Address 265 SUNRISE AVENUE SUITE 204 PALM BEACH FL 33480-3812
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3. Date Incorporated or Qualified 12/26/1990	3a. Date of Last Report 04/12/1996
4. FEI Number 65-0235967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**SAFRAN, PAUL JR.
265 SUNRISE AVE.
SUITE 204
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: *Paul J. Safran* DATE: **01-24-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFRAN, PAUL J	1.2 NAME	
STREET ADDRESS	265 SUNRISE AVE SUITE 204	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNEMANN-EICHBERG, DAGMAR	2.2 NAME	
STREET ADDRESS	265 SUNRISE AVE. #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	AVDP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNEMANN, SASCHA	3.2 NAME	
STREET ADDRESS	265 SUNRISE AVE., #204	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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: *Paul J. Safran* DATE: **01-24-97** Daytime Phone #: **561-833-8765**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)