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

PROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90092 050 ***150.00

1000		
DOCUMENT # \$4472 1. Corporation Name OCEAN BLUE, INC.	3	
Principal Place of Business	Mailing Address	_
7201 S.W. 110 TERRACE	7201 S.W. 110 TERRACE	

MIAMI FL 33156 MIAMI FL 331					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	THIS STACE
					04/10/1991	
2. Principal Place	of Business	2a. Mailing	Address		4. FEI Number	Applied For
21		26			65-0258944	Not Applicable
Suite, Apt. #, et	С.	Suite, A	pt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & S	State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	Соц 30	intry	This corporation owes the current yes Personal Property Tax.	ear Intangible
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
SCHECHN	NER, MARTIN L			81 Nama R	JIN L. ScheCKA	ICR
7201 S.W. 110 TERRACE				82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL	33156			83		
				84 City		FL 85 Zip Code
11. Pursuant to the office or regist	e provisions of Sections 607.0 ered agent, or both, in the Sta	0502 and 607.1508, ate of Florida. Such	Florida Statutes, the a change was authorized	bove-named cor by the corporat	poration submits this statement for the purpo ion's board of directors. I hereby accept the	ose of changing its registered 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE SCHECKNER, MARTIN L 1.2 NAME NAME 7201 S.W. 110 TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33156 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE WEELAND, CARRY 2.2 NAME NAME 7201 S.W. 110 TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33156 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-7IP 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 changes for an attachment with an address, with all other like empowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3057/<u>0351/</u>

CR2E034 (11/98)