

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortman
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **554551**
 1. Corporation Name
**Integrated Consulting Resources, Inc. F/W/A
 Oceanide Development Corp.**

Principal Place of Business Mailing Address
**208 PoINCIANA Island Dr
 N. Miami Beach, Fl 33160**

2. Principal Place of Business 2a. Mailing Address
 21 **140 N.W. 70 Street** 26 **140 N.W. 70 Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Suite 202** 27 **Suite 202**
 City & State City & State
 23 **Boca Raton, Florida** 28 **Boca Raton**
 Zip Country Zip Country
 24 **33487** 25 **U.S.A.** 29 **33487** 30 **U.S.A.**

DO NOT WRITE IN THIS SPACE.
 3. Date Incorporated or Qualified **May 1991** 3a. Date of Last Report **May 1994**
 4. FEI Number **65-0267249** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**Max Scot
 208 PoINCIANA Island Dr
 N. Miami Beach, Fl 33487**

10. Name and Address of New Registered Agent
 B1 Name **Andrew T. Wiggins**
 B2 Street Address (P.O. Box Number Not Acceptable) **140 N.W. 70 Street, Suite 202**
 B3
 B4 City **Boca Raton** FL B5 Zip Code **33487**

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 **Andrew T. Wiggins** DATE **3/27/95**

12. OFFICERS AND DIRECTORS

TITLE	Pres, Vice Pres, Sec, Treas
NAME	Andrew T. Wiggins
STREET ADDRESS	140 N.W. 70 St #202
CITY - ST - ZIP	Boca Raton, FL 33487
TITLE	Max Scot
NAME	Max Scot
STREET ADDRESS	208 PoINCIANA Isle Dr
CITY - ST - ZIP	N. M. B. FL 33487

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Pres, Sec, Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Andrew T Wiggins	
13 STREET ADDRESS	140 N.W. 70 St #202	
14 CITY - ST - ZIP	Boca Raton, FL 33487	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **Andrew T. Wiggins** DATE: **3/27/95** (407) 998-6664
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR