

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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MAY 11 PM 2:21

DOCUMENT # S68549
 1. Corporation Name
OCEAN MANAGEMENT ENT., INC.

Principal Place of Business 891 N.E. DIXIE HWY #1 JENSON BEACH FL 34957-6171	Mailing Address 891 N.E. DIXIE HWY #1 JENSON BEACH FL 34957-6171
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/25/1991	4. FEI Number 65-0364240	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent
STUCKLEN, RICHARD
891 DIXIE HWY #1
JENSON BEACH FL 34957-6171

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip 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 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 resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	STUCKLEN, RICHARD	
STREET ADDRESS	891 N.E. DIXIE HWY. #1	
CITY-ST-ZIP	JENSON BEACH FL 34957-6171	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. TITLE			
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
21. TITLE			
22. NAME			
23. STREET ADDRESS			
24. CITY-ST-ZIP			
31. TITLE			
32. NAME			
33. STREET ADDRESS			
34. CITY-ST-ZIP			
41. TITLE			
42. NAME			
43. STREET ADDRESS			
44. CITY-ST-ZIP			
51. TITLE			
52. NAME			
53. STREET ADDRESS			
54. CITY-ST-ZIP			
61. TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
62. NAME			
63. STREET ADDRESS			
64. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **2/25/99**

CR2E034 (11/98)