

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

FILED

May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V44203** (0)  
1. Corporation Name  
**OCEAN STAR RESTAURANT, INC.**

Principal Place of Business <b>OCEAN STAR 6181 HWY 90 MILTON FL 32570 US</b>	Mailing Address <b>6181 HWY 90 MILTON FL 32570</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/15/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3128877</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CHAN, TIMMY 5577 NORTHROP RD MILTON FL 32570</b>				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	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	<b>D</b>	NAME		1.1 TITLE	1.2 NAME		
STREET ADDRESS	<b>5577 NORTHROP RD</b>	CITY-ST-ZIP		1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	NAME		2.1 TITLE	2.2 NAME		
STREET ADDRESS	<b>5577 NORTHROP RD</b>	CITY-ST-ZIP		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
TITLE		NAME		3.1 TITLE	3.2 NAME		
STREET ADDRESS		CITY-ST-ZIP		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
TITLE		NAME		4.1 TITLE	4.2 NAME		
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
TITLE		NAME		5.1 TITLE	5.2 NAME		
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
TITLE		NAME		6.1 TITLE	6.2 NAME		
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 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.

SIGNATURE:

*Bie Tien Chan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/98

Date

(850) 626-4339

Daytime Phone # 0514096

CR2E034 (10/97)