

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V58656** (2)
1. Corporation Name
OCEAN PLEASURE, INC.



Principal Place of Business: **711 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483 US**
Mailing Address: **711 S OCEAN BLVD DELRAY BEACH FL 33483 US**

3. Date Incorporated or Qualified: **08/19/1992**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **65-0355962**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26 **1177 George Bush Blvd.**
27 **# 207**
28 **Delray Beach, FL**
29 **33483** 30 **Palm Beach**

9. Name and Address of Current Registered Agent: **PULTE, MARK 711 S OCEAN BLVD DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent: 81 Name: **Pulte, Mark**
82 Street Address: **1340 Royal Palm Way**
83
84 City: **Boca Raton** 85 Zip Code: **FL 33432**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	PULTE, MARK	
STREET ADDRESS	711 SOUTH OCEAN BOULEVARD	
CITY-STATE-ZIP	DELRAY BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PULTE, NOREEN C.	
STREET ADDRESS	711 SOUTH OCEAN BOULEVARD	
CITY-STATE-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1340 Royal Palm Way
1.4 CITY-STATE-ZIP	Boca Raton, FL 33432
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1340 Royal Palm Way
2.4 CITY-STATE-ZIP	Boca Raton, FL 33432
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(3)(k), 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 its 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: *Mark Pulte*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.1.96

CR2E034 (12/95)