

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K69856 (8)

1. Corporation Name
OCEAN CAPITAL CORPORATION



Principal Place of Business 801 BRICKELL AVE., 9TH FLOOR MIAMI FL 33131	Mailing Address % MERSHON SAWYER ET AL 200 G DISCAYNE BLVD. SUITE 4500 - MIAMI FL 33109
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2. Principal Place of Business 21 2023 FISHER ISLAND DR.	2a. Mailing Address 26 Suite, Apt #, etc.
22 City & State 23 FISHER ISLAND FL.	27 City & State
24 Zip 33109	25 County FL.

3. Date Incorporated or Qualified 03/02/1989	3a. Date of Last Report 03/08/1995
4. FEI Number 65-0116535	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LONDON ROBERT D.W. II
% MERSHON SAWYER ET AL
200 G DISCAYNE BLVD. SUITE 4500
MIAMI FL 33109**

*STEPHEN B. BOOKE
CHAIRMAN
OCEAN CAPITAL CORP.
2023 FISHER ISLAND DR. FISHER ISLAND
FL 33109*

10. Name and Address of New Registered Agent

81 Name
~~THERE IS NO REGISTERED~~

82 Street Address (P.O. Box Number is Not Acceptable)
~~ACCEPT ALL MAIL, INQUIRIES~~

83 City
TO STEPHEN B BOOKE, CHM

84 City
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 family member, and I accept the regulations of Section 607.0505, Florida Statutes.

SIGNATURE *Stephen B. Booke chairman.* **7-12-1996**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	NAME BOOKE, FRANCESCA	11 TITLE PRESIDENT & DIRECTOR Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 2023 FISHER ISLAND DR	CITY-ST-ZIP FISHER ISLAND FL 33109	12 NAME GERALD AMATO
TITLE STVP	NAME BOOKE, STEPHEN	13 STREET ADDRESS 355 LEXINGTON AVE
STREET ADDRESS 2023 FISHER ISLAND DR	CITY-ST-ZIP FISHER ISLAND FL 33109	14 CITY-ST-ZIP NEW YORK NY 10017
TITLE	NAME	21 TITLE CHAIRMAN & CEO Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	22 NAME STEPHEN B. BOOKE
TITLE	NAME	23 STREET ADDRESS 2023 FISHER ISLAND DRIVE
STREET ADDRESS	CITY-ST-ZIP	24 CITY-ST-ZIP FISHER ISLAND FL 33109
TITLE	NAME	31 TITLE
STREET ADDRESS	CITY-ST-ZIP	32 NAME
TITLE	NAME	33 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	34 CITY-ST-ZIP
TITLE	NAME	41 TITLE
STREET ADDRESS	CITY-ST-ZIP	42 NAME
TITLE	NAME	43 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	44 CITY-ST-ZIP
TITLE	NAME	51 TITLE 600001896168 Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	52 NAME -07/17/96--01028--017
TITLE	NAME	53 STREET ADDRESS ***225.00
STREET ADDRESS	CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE	NAME	61 TITLE
STREET ADDRESS	CITY-ST-ZIP	62 NAME
TITLE	NAME	63 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	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 119.07(3)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen B. Booke* **6-24-96 305-538-0362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN B. BOOKE / CHM CEO & DIRECTOR

CR2E034 (3/96)