SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K69856

(8)

OCEAN CAPITAL CORPORATION

FILED

Jul 29 1997 8:00am

Secretary of State

Principal Place of	Business	Mailing Address
2023 FISHER ISLAND FL		2023 FISHER ISLAND DR. FISHER ISLAND FL 33109

Principal Plac	ipal Place of Business Mailing Address												
2023 FISHER ISLAND DR. 2023 FISHER ISLAND DR. FISHER ISLAND FL 33109 FISHER ISLAND FL 33109													
			Transmit Inching to Spilot			DO NOT WRITE IN THIS SPACE							
								Ī	3. Date Incorporated or Qualified	3a. D	ate of Last R	eport	
						03/02/1989	07	07/16/1996					
2. Principal F	Place of Busine	ess	2a. Mailing	Address					4. FEI Number			plied For	
21			26						65-0116535		No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								5. Certificate of Status Desired	П	\$8.75	Additional		
22	27							6. Certificate of Status Desired	ш	Fee Re	quired		
City & Stal	City & State City & State				1			6. Election Campaign Financing		\$5.00	May Be		
23	<u>-:-</u>		28						Trust Fund Contribution		Added t		
Zip		Country	Zip		Cou	intry	,		8. This corporation owes or has pa	id the cu	rrent year Int	angible	
24		25 29 30			30			Ì	Personal Property Tax due June 30. Yes 1				
	9, Name i	and Address of C	urrent Registered A	gent					10. Name and Address of New Re	gistered	Agent		
BO	OKE, STEHE	EN B				81	Name					,	
2023 FISHER ISLAND DR.				82	Stroot	Addros	s (P.O. Box Number is Not Acceptate	ala C					
FISHER ISLAND FL 33109					OZ.	Steel	Addies	s (r.o. box number is not Acceptat	ле)				
	:					83							
	*								· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
					84	City		FL 85 Zip Code					
11. Pursuant to the provisions of Soctions 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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								s registered					
agent. La	registered age am f am iliar witi	ant, or boin, in the h, and accept the	State of Florida. Such obligations of, Sectio	n change was a л 607.0505. Fid	authorize: orida Stat	a by utes	/ the corp 3.	coration	's board of directors. I hereby accep	ot the app	pointment as	registered	
SIGNATURE		,		•									
SIGNATORE	Signature, typed o	printed name of register	ed agent and title II applical.	le. (NOT	t : Registered	1 Age	ent signature	required v	when reinstating)	DATE			
12.		OFFICER:	S AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 12	
TITLE	PD			DELETE	1.1 11	TLE					Change	☐ Addition	
NAME	AMATO, (1.2 NA	1.2 NAME							
STREET ADDRESS		ngton ave.			1.3 ST	1.3 STREET ADDRESS							
CITY-ST-ZIP	T-ZIP NEW YORK NY 10017					14 CITY+S1-ZIP							
TITLE	CEOD	TPAR				1 TATLE			Change	Addition			
NAME	BOOKE,				22 N.4	ME							
STREET ADDRESS	2023 FISHER ISLAND DR				2 3 51	2.3 STREET ADDRESS							
CITY-ST-ZIP	FIGHED ICLAND EL 22100				2.40	2 4 CITY-ST-ZIP							
TrTLE				DELETE	3 1 T)1						Change	Addition	
NAME					3.2 NA	ME							
STREET ADDRESS					3 3 ST	REFT	ADDRESS						
CITY-ST-ZIP					3.4. CI		1						
TITLE	-			DELETE	4.1 10		,, [Change	Addition	
NAME	:				4. 2 N		Ì						
STREET ADDRESS	;						ADDRESS						
- ITHE PROPERTY					4.3 31	III.E I	Unnut 99					ı	

6.4 CITY - ST- ZIP 14. I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver of trustee annowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if champed, or on an attackingent with an address

4.4 CRY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

☐ Change

Change

Addition

Addition