

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90227 012 ***150.00

0558985

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000034145

1. Corporation Name
5050 NORTH OCEAN, INC.



Principal Place of Business C/O KENT HUFFMAN 204 PHIPPS PLAZA PALM BEACH FL 33480	Mailing Address C/O KENT HUFFMAN 204 PHIPPS PLAZA PALM BEACH FL 33480
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/10/1998	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 65-0826460	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 C/O HUFFMAN Suite, Apt. #, etc. 22 223 SUNSET AVE City & State 23 PALM BEACH, FL Zip 24 33480 Country 25 USA	2a. Mailing Address 26 C/O HUFFMAN Suite, Apt. #, etc. 27 223 SUNSET AVE City & State 28 PALM BEACH, FL Zip 29 33480 Country 30 USA
---	--

9. Name and Address of Current Registered Agent
**HUFFMAN, KENT
 204 PHIPPS PLAZA
 PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name KENT HUFFMAN
82 Street Address (P.O. Box Number is Not Acceptable) 223 SUNSET AVENUE
83
84 City PALM BEACH FL 85 Zip Code 33480

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME HUFFMAN, KENT	
STREET ADDRESS 204 PHIPPS PLAZA	
CITY-ST-ZIP PALM BEACH FL 33480	
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

1.1 TITLE P/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME KENT HUFFMAN	
1.3 STREET ADDRESS 223 SUNSET AVENUE	
1.4 CITY-ST-ZIP PALM BEACH, FL 33480	
2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MICHAEL STEINPICKNER	
2.3 STREET ADDRESS 223 SUNSET AVENUE	
2.4 CITY-ST-ZIP PALM BEACH, FL 33480	
3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME HORST AWALD PFERDEKAEMPER	
3.3 STREET ADDRESS 223 SUNSET AVENUE	
3.4 CITY-ST-ZIP PALM BEACH, FL 33480	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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, with all other like empowered.

SIGNATURE: KENT HUFFMAN 4/7/99 561 833-5833
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: KENT HUFFMAN Date: 4/7/99 Daytime Phone #: 833-5833

CR2E034 (11/98)