

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

FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 231260 (1)

1. Corporation Name:
BLUE OCEAN LODGE, INC.



Principal Place of Business 5001 N OCEAN BLVD BOYNTON BCH FL 33435 (OCEAN RIDGE)	Mailing Address 5001 N OCEAN BLVD BOYNTON BCH FL 33435-7383 (OCEAN RIDGE)
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2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 12/19/1959	3a. Date of Last Report 03/28/1996
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4. FEI Number 59-0965259	Applied For <input type="checkbox"/> 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

**MADSEN, FRED C.
 5001 N OCEAN BLVD
 BOYNTON BEACH FL 33435 (OCEAN RIDGE)**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 from [Name], with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SO <input type="checkbox"/> DELETE
NAME	BARRETT, G.L.
STREET ADDRESS	5001 N. OCEAN BLVD.
CITY-ST-ZIP	BOYNTON BCH, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	KEOGH, NANCY
STREET ADDRESS	5001 N OCEAN BLVD
CITY-ST-ZIP	BOYNTON BCH, FL 00000
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MADSEN, FRED C.
STREET ADDRESS	5001 N. OCEAN BLVD.
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	LE CHARD, JOHN
STREET ADDRESS	5001 N OCEAN BLVD
CITY-ST-ZIP	BOYNTON BCH, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	AVIS SEXTON
STREET ADDRESS	5001 N. OCEAN BLVD.
CITY-ST-ZIP	OCEAN RIDGE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	PUMO, JAMES
STREET ADDRESS	5001 N. OCEAN BLVD.
CITY-ST-ZIP	OCEAN RIDGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	JANE DAVENPORT
1.4 CITY-ST-ZIP	5001 N. OCEAN BLVD. BOYNTON BEACH, FL 33435
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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: *[Signature]* **JOHN LECHARD, TREASURER** DATE: **MARCH 6, 1997**

CR2E034 (9/96)