

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 358209 (5)

1. Corporation Name
6855 N OCEAN BOULEVARD INC



Principal Place of Business 6855 N OCEAN BLVD OCEAN RIDGE FL 33435	Mailing Address 6855 N OCEAN BLVD OCEAN RIDGE FL 33435
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1970	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1316952	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FARR, MARY LOU 6849 N OCEAN BLVD OCEAN RIDGE FL 33435				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Mary Lou Farr* **Mary Lou Farr** **3/23/98**
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, GEORGE	1.2 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, MARY LOU	2.2 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYLOR, JOHN M	3.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEMYSS, CHARLES	4.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKISON, MRS. H.P.	5.2 NAME	Mrs. M.E. Nixon
STREET ADDRESS	6849 N OCEAN BLVD	5.3 STREET ADDRESS	6849 N. Ocean Blvd
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	5.4 CITY-ST-ZIP	Ocean Ridge, FL 33435
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, LYLE	6.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	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.

SIGNATURE: *Mary Lou Farr* **Mary Lou Farr** **3/23/98** **561-737-6770**

CR2E034 (10/97)