

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

**FILED**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90157 044 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 358209**

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/16/1970**

4. FEI Number  
**59-1316952**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

9. Name and Address of Current Registered Agent  
**FARR, MARY LOU  
 6849 N OCEAN BLVD  
 OCEAN RIDGE FL 33435**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary Lou Farr* **Mary Lou Farr** **1/4/99**

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARKER, GEORGE</b>	
STREET ADDRESS	<b>6849 N. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE, FL 00000</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FARR, MARY LOU</b>	
STREET ADDRESS	<b>6849 N. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE, FL 00000</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NAYLOR, JOHN M</b>	
STREET ADDRESS	<b>6849 N OCEAN BLVD</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE, FL 00000</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>WEMYSS, CHARLES</b>	
STREET ADDRESS	<b>6849 N OCEAN BLVD</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NIXON, M. E. MRS</b>	
STREET ADDRESS	<b>6849 N COEAN BLVD</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE, FL 00000 33435</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMSEY, LYLE</b>	
STREET ADDRESS	<b>6849 N OCEAN BLVD</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE, FL 00000</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: *Mary Lou Farr* **Mary Lou Farr** **1/4/99** **561-737-6770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)