

4-23-98 B 5441-C
 FILE NOW: FILING FEE IS \$61.25

FILED
 Apr 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 702849 (1)
 1. Corporation Name
 OCEAN TOWERS, INC.



Principal Place of Business Mailing Address

158 OCEAN DR.
 MIAMI BEACH FL 33139

C/O REGATTA ESTATE MGT
 1235 MERIDIAN AVE. #1
 MIAMI BEACH FL 33139
 US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified
 08/31/1961

4. FEI Number 59-0995136 Applied For Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

DONNELLY, ELIZABETH
 2121 N BAYSHORE DR
 MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name Tim Voda
 82 Street Address (P.O. Box Number is Not Acceptable) 628 Sixth St.
 83
 84 City Miami Beach, FL 85 Zip Code 33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Timothy Voda DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	REISINGER, BETSY	
STREET ADDRESS	158 OCEAN DR	
CITY - ST - ZIP	MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SASSON, AL	
STREET ADDRESS	158 OCEAN DRIVE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PANOCH, KAREN	
STREET ADDRESS	158 OCEAN DR	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DONNOLLY, ELIZABETH	
STREET ADDRESS	2121 N BAYSHORE DR	
CITY - ST - ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Virginia Valente
2.3 STREET ADDRESS	158 Ocean Dr.
2.4 CITY - ST - ZIP	Miami Beach, FL 33139
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Alain Filie
3.3 STREET ADDRESS	158 Ocean Dr.
3.4 CITY - ST - ZIP	Miami Beach, FL 33139
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betsy Reisinger* Betsy Reisinger 4/14/98 (305) 673-1940

CR2E037 (10/97)