03-06-1999 90105 049 \*\*\*\*61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # 714060**

1. Corporation Name

UCEAN	URIVE MANUK, INC.									
Dringinal Diac	e of Business	Mailing Address					-			
Principal Place of Business Mailing Address  590 OCEAN DRIVE C/O CPM  KEY BISCAYNE FL 33149 170 OCEAN LANE DR  KEY BISCAYNE FL 33149 US										
2. Principal Place of Business 2a. Mailing Address						3. Date incorporated or Qualif 02/05/1968	ed			
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						4. FEI Number Applied For			olied For	
22 27						59-1288439		No	t Applicable	
City & Stat	e	City & State				5. Certificate of Status Desired		\$8.75 A		
23		28				5. Certificate of Status Desired		Fee Re	quired	
Zip	Country	Zip	_ Count	ry	1	6. Election Campaign Financia	¹g □	\$5.00	•	
24	25	29 30	0 ,			Trust Fund Contribution		Added to	) Fees	
]	9. Name and Address of Currer	nt Registered Agent		11 Name		10. Name and Address of Ne	v Kegisterea	Agent		
				T Tallie					<u> </u>	
CERTIFIED PROPERTY MANAGEMENT CORP				2 Stree	t Addres	is (P.O. Box Number is Not Acce	ptable)			
170 OCEAN LANE DR			5	13						
KEY BISCAYNE FL 33149						·				
<b>\</b>			\[ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	4 City			FL	85 Zip C	ode	
) office or r	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was authations of, Section 617.0503, Florid	horized t la Statut	by the cor es.	poration	s poard of directors, I hereby ad	cept the appo	changing its intrnent as reg	registered pistered	
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Ri	egistered A	gent signature	required w	ADDITIONS/CHANGES TO	DATE OFFICERS AN	ND DIRECTO	RS IN 12	
TITLE	VD OFFICERS AN	DELETE	1.1 1171		תיי	<del></del>		Change	Addition	
NAME	MALMAN, MYLES	Д	1.2 NAM		MA:	RLENE SANCHEZ-	WEDIO	- ·	~	
STREET ADDRESS	590 OCEAN DRIVE			EET ADDRESS	. 59	U OCEAN DRIVE	# 1 <b>~</b> D	_		
	KEY BISCAYNE FL			-ST-ZIP	KE	Y BISCAYNE, FL	. 3314	9		
CITY-ST-ZIP	SD	☐ DELETE	2.1 TITL		1			Change	Addition	
NAME	SMITH, IVAN		2.2 NAM			•				
STREET ADDRESS	590 OCEAN DRIVE		2.3 STRI	EET ADDRESS	s -	* *				
CITY-ST-ZIP	KEY BISCAYNE FL			-ST-ZIP						
TITLE	PD	☐ DELETE	3.1 TITL		†			☐ Change	Addition	
NAME	LEE, RANDOLPH		3.2 NAM	E				•		
STREET ADDRESS			3.3 STR	ET ADDRESS	s					
CITY-ST-ZIP	KEY BISCAYNE FL		3.4. CM	-ST-ZIP					······································	
TITLE	<del>-10</del>	<b>⊠</b> DELETE	4.1 TITL	<u> </u>	Ų₽.	D EVE MINOR	;	Change	Addition	
NAME	DRISCOLL, JOSEPH		4. 2 NAX	Œ		O OCEAN DRIVE	#2_A			
STREET ADDRESS			4.3 STR	ET ADDRES	S KE	Y BISCAYNE, FL	. 3314	9		
CITY-ST-ZIP	KEY BISCAYNE FL		4.4 CITY	-ST-ZIP	1		<del></del>			
TITLE	D	☐ DELETE	5.1 TITL		1			Change	Addition	
NAME	SOMMERS, WALTER		5.2 NAM		]	•				
STREET ADDRESS	590 OCEAN DR.		l	ET ADDRES	\$ (					
CITY-ST-ZIP	KEY BISCAYNE FL		1	-ST-ZIP	<del>  _</del>		<del></del>			
TITLE		☐ DELETE	6.1 TITU					Change	☐ Addition	
NAME			6.2 NAM						÷	
OTDEET ADDDESS	1		■ 6.3 STR	ET ADDRES	3 I					

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP