

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719100 (0)

1. Corporation Name
OCEAN RIVIERA ASSOCIATION, INC.



Principal Place of Business Mailing Address
3550 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified **03/05/1970** 3a. Date of Last Report **03/02/1995**
4. FEI Number **59-1346320** 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**
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No

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 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BLOOMBERG, IRWIN
3550 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZINO, NORMAN T	1.2 NAME	PIZZINO, NORMAN T
STREET ADDRESS	3550 GALT OCEAN DR	1.3 STREET ADDRESS	3550 GALT OCEAN DR
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABINO, RICHARD	2.2 NAME	GOLDSMITH, RICHARD
STREET ADDRESS	3550 GALT OCEAN DR	2.3 STREET ADDRESS	3550 GALT OCEAN DR
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	VDTD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, HAROLD	3.2 NAME	
STREET ADDRESS	3550 GALT OCEAN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ATD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIANO, S.	4.2 NAME	O'CONNELL, DANIEL
STREET ADDRESS	3550 GALT OCEAN DR	4.3 STREET ADDRESS	3550 GALT OCEAN DR
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	4.4 CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRAEHNBUHEL, A. OSCAR	5.2 NAME	BLOOMBERG, IRWIN
STREET ADDRESS	3550 GALT OCEAN DR	5.3 STREET ADDRESS	3550 GALT OCEAN DR
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	5.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	ASD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRONE, MARTIN	6.2 NAME	PIRONE, MARTIN
STREET ADDRESS	3550 GALT OCEAN DRIVE	6.3 STREET ADDRESS	3550 GALT OCEAN DR
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33308

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Norman T. Pizzino* 2/16/96 (954) 565-1631
NORMAN T. PIZZINO Date Daytime Phone #

CR2E037 (12/95)