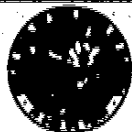


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 21 AM 9:49

DOCUMENT # 759033 (4)
1. Corporation Name
OCEAN HARBOUR SOUTH UTILITIES CORPORATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4230 NORTH A1A FT. PIERCE FL 34949-6304 **4230 NORTH A1A FT. PIERCE FL 34949-6304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1981		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-2747359		Applied For Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
City & State 22		City & State 27	
Zip 24	Country 25	Zip 29	Country 30
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status <input type="checkbox"/>		\$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORNETT, JANE L, ESQ. 401 E. OSCEOLA, SUITE 102 STUART FL 33494		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 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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENGEL, JOHN	1.2 NAME	
STREET ADDRESS	201 DALEVIEW LN.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLEZZA, PETER J	2.2 NAME	
STREET ADDRESS	4250 NORTH ALA UNIT 508	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, BUD	3.2 NAME	
STREET ADDRESS	4200 N. A-1-A	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JAMES	4.2 NAME	
STREET ADDRESS	4250 N. A1A	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISALVO, NICK	5.2 NAME	
STREET ADDRESS	4200 NORTH A1A UNIT 910	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	5.4 CITY - ST - ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTI, FRANK	6.2 NAME	
STREET ADDRESS	4250 NORTH A1A UNIT 408	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE FL	6.4 CITY - ST - ZIP	

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 110.07(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: *Peter J. Bellezza* **4/17/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #