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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759033 (4)
1. Corporation Name
OCEAN HARBOUR SOUTH UTILITIES CORPORATION, INC.



Principal Place of Business 4230 NORTH A1A FT. PIERCE FL 34949-8304	Mailing Address 4230 NORTH A1A FT. PIERCE FL 34949-8304
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3. Date Incorporated or Qualified 07/06/1981	3a. Date of Last Report 02/14/1996
4. FEI Number 59-2747359	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
**JAMES THOMAS
4250 No. A1A #501
Ft. Pierce, Fl 34949**

10. Name and Address of New Registered Agent
81 Name **James Thomas**
82 Street Address (P.O. Box Number is Not Acceptable) **4250 No. A1A #501**
83
84 City **Ft. Pierce** FL 86 **34949**

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 *James Thomas Director* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STENDEL, JOHN	
STREET ADDRESS	201 DALEVIEW LN.	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELLEZZA, PETER J	
STREET ADDRESS	4250 NORTH ALA UNIT 506	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, BUD	
STREET ADDRESS	4200 N. A-1-A	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, JAMES	
STREET ADDRESS	4250 N. A1A	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DISALVO, NICK	
STREET ADDRESS	4200 NORTH A1A UNIT 910	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CONTI, FRANK	
STREET ADDRESS	4250 NORTH A1A UNIT 408	
CITY - ST - ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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: *John Stengel* **REQUIRED** 4/17/97 561-461-5381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070858

CR2E037 (9/96)