

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H33616 (4)

1. Corporation Name

SOUTH FLORIDA OCEAN PROPERTIES, INC.



Principal Place of Business

% STEVEN G. MELCER, ESQ.
4800 N FED HWY STE 106-D
BOCA RATON FL 33431

Mailing Address

% STEVEN G. MELCER, ESQ.
4800 N FED HWY STE 106-D
BOCA RATON FL 33431

2. Principal Place of Business

21 344 VENETIAN DRIVE

Suite, Apt. #, etc.

22 ART H 1

City & State

23 DELRAY BEACH FL

Zip

24 33483

Country

25 U.S.A.

2a. Mailing Address

26 344 Venetian Drive

Suite, Apt. #, etc.

27 ART H 1

City & State

28 Delray Beach FL

Zip

29 33483

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MELCER, STEVEN G., ESQ.
4800 N FED HWY STE 106-D
5820 NORTH FED. HIGHWAY
BOCA RATON FL 33431

8. Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/11/1984

3a. Date of Last Report

05/12/1995

4. FCI Number

65-0130597

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 of Registered Agent or Director

Printed Name of Registered Agent or Director

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP
NAME VOGT, ARTHUR D.
STREET ADDRESS 344 VENETIAN DRIVE
CITY-ST-ZIP DELRAY BCH. FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15 '96 902 442 4405
Date Daytime Phone #

CR2E034 (12/95)