

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M83718** (0)

1. Corporation Name
OCEAN HARBOUR OF ISLAMORADA, INC.

Principal Place of Business: **P.O. BOX 840 TAVERNIER FL 33070**
Mailing Address: **P.O. BOX 840 TAVERNIER FL 33070**

APPROVED AND FILED
95 MAR 22 PM 3:56
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1988	3a. Date of Last Report 04/07/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0055339	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
MCSTOWE, DERRETH 87851 OLD HWY P-4 ISLAMORADA FL 33036				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, VINCENT	1.2 NAME	
STREET ADDRESS	87851 OLD HWY UT #P-33	1.3 STREET ADDRESS	
CITY- ST- ZIP	ISLAMORADA FL	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRRELLI, STEVEN	2.2 NAME	
STREET ADDRESS	370 STIRRUP KEY BLVD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	MARATHON FL	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, KEITH A.	3.2 NAME	
STREET ADDRESS	88181 OLD HWY UNT H1	3.3 STREET ADDRESS	
CITY- ST- ZIP	ISLAMORADA FL	3.4 CITY- ST- ZIP	
TITLE	I	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, BRIAN	4.2 NAME	
STREET ADDRESS	5023 NORTH 35TH STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	MILWAUKEE WI	4.4 CITY- ST- ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, RAYMOND V.	5.2 NAME	
STREET ADDRESS	205 OCEAN DR	5.3 STREET ADDRESS	
CITY- ST- ZIP	TAVERNIER FL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, L.E.	6.2 NAME	
STREET ADDRESS	87851 OLD HWY UT #P-41	6.3 STREET ADDRESS	
CITY- ST- ZIP	ISLAMORADA 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 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; the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: Vincent Johnson Vincent Johnson 3-15-95
Signature and typed or printed name of signing officer or director Date Daytime Phone #