

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified: **05/31/1988**
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

4. FEI Number: **65-0055339**
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

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**

81 Name: **Derreth Johnson**
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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHNSON, VINCENT	
STREET ADDRESS	87851 OLD HWY UT #P-33	
CITY-STATE-ZIP	ISLAMORADA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MIRMELLI, STEVEN	
STREET ADDRESS	370 STIRRUP KEY BLVD.	
CITY-STATE-ZIP	MARATHON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, KEITH A.	
STREET ADDRESS	88181 OLD HWY UNT H1	
CITY-STATE-ZIP	ISLAMORADA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, BRIAN	
STREET ADDRESS	5023 NORTH 35TH STREET	
CITY-STATE-ZIP	MILWAUKEE WI	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LONG, RAYMOND V.	
STREET ADDRESS	205 OCEAN DR	
CITY-STATE-ZIP	TAVERNIER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, L.E.	
STREET ADDRESS	87851 OLD HWY UT #P-41	
CITY-STATE-ZIP	ISLAMORADA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Derreth Johnson
3.4 CITY-STATE-ZIP	87851 Old Hwy P-4 Islamorada, FL 33036
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 or the receiver 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: *Vincent A. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **VINCENT A. JOHNSON**

Date: **2/7/96**
Daytime Phone #

CR2E034 (12/95)