

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # *M83718*
 1. Corporation Name
OCEAN HARBOUR OF ISLAMORADA, INC.

Principal Place of Business Mailing Address

87851 Old Hwy P-33 87851 Old Hwy P-33
Islamorada, FL 33036 Islamorada, FL 33036

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2a. Mailing Address**

21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **27**

City & State City & State

23 **28**

Zip Country Zip Country

24 **25** **29** **30**

3. Date Incorporated or Qualified
05/31/1988

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

Derreth McStowe
87851 Old Hwy P-4
Islamorada, FL 33036

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 date if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	Johnson, Vincent	
STREET ADDRESS	87851 Old Hwy P-33	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Mirmelli, Steven	
STREET ADDRESS	370 Stirrup Key Blvd	
CITY-ST-ZIP	Marathon, FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Johnson, Derreth	
STREET ADDRESS	87851 Old Hwy P-4	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Zimmerman, Brian	
STREET ADDRESS	5023 North 35th St.	
CITY-ST-ZIP	Milwaukee, WI	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	Long, Raymond V.	
STREET ADDRESS	87851 Old Hwy K-31	
CITY-ST-ZIP	Islamorada, FL 33036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Harris, L.E.	
STREET ADDRESS	87851 Old Hwy P-41	
CITY-ST-ZIP	Islamorada, FL 33036	

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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	900002522509
5.4 CITY-ST-ZIP	-05/13/98--01025--038
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***165.00
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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* **Vincent A. Johnson** **4/17/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)