


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

**FILED**  
**Feb 08, 1999 8:00 am**  
**Secretary of State**

02-08-1999 90037 039 \*\*\*150.00

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<b>PROFIT.</b> <b>CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M83718**

1. Corporation Name  
**OCEAN HARBOUR OF ISLAMORADA, INC.**



Principal Place of Business 87851 OLD HWY P-33 ISLAMORADA FL 33036	Mailing Address 87851 OLD HWY P-33 ISLAMORADA FL 33036
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/31/1988</b>	
21	26	4. FEI Number <b>65-0055339</b>		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JOHNSON, DERRETH</b> <b>87851 OLD HWY P-4</b> <b>ISLAMORADA FL 33036</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT JOHNSON	1.2 NAME	
STREET ADDRESS	87851 OLD HWY P-33	1.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRMELLI, 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERRETH JOHNSON	3.2 NAME	
STREET ADDRESS	87851 OLD HWY P-4	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, RAYMOND V.	5.2 NAME	
STREET ADDRESS	87851 OLD HWY K-31	5.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, L.E.	6.2 NAME	
STREET ADDRESS	87851 OLD HWY P-41	6.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL 33036	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vincent A. Johnson **SIGNATURE REQUIRED** Vincent A. Johnson Date: 1-19-99 Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)