

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$360)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 19 AM 10:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N33474 (0)
1. Corporation Name
OCEANIA CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
16445 COLLINS AVENUE MIAMI BEACH FL 33160-4537 US

3. Date Incorporated or Qualified **07/28/1989** 3a. Date of Last Report **07/19/1994**

4. FEI Number **65-0135255** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **16421 Collins Avenue** 28 **16421 Collins Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 **Miami Beach, Fl.** 27 **Miami Beach, Fl.**
City & State City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 **33160** 25 **USA** 29 **33160** 30
Zip Country Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PANKOW, GERALD R.
16445 COLLINS AVENUE
MIAMI BEACH FL 33160**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KLEIKAMP, GERTI
STREET ADDRESS	16445 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	VSD
NAME	CALLAHAN, JAMES A.
STREET ADDRESS	16445 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	TD
NAME	PANKOW, GERALD
STREET ADDRESS	16445 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV DANIEL E. WHITEMAN
2.3 STREET ADDRESS	16445 COLLINS AVENUE
2.4 CITY - ST - ZIP	MIAMI BEACH, FL 33160
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	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked with an attachment with an address.

SIGNATURE: Gerald Pankow DATE: 6/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (Optional) Phone #

CR2E037 (3/95)