

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

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**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000024638 (4)

1. Corporation Name
EAST OCEAN DEVELOPMENT CORPORATION



Principal Place of Business 3015 NORTH OCEAN BLVD., SUITE 121 FT. LAUDERDALE FL 33308	Mailing Address 3015 NORTH OCEAN BLVD., SUITE 121 FT. LAUDERDALE FL 33308-7300
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3. Date Incorporated or Qualified 03/19/1996	3a. Date of Last Report
4. FEI Number 65-0657980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**BLODIG, GREGORY J
100 WEST CYPRESS CREEK ROAD, SUITE 700
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81. Name Rebecca A. Foster
82. Street Address (P.O. Box Number is Not Acceptable) 3015 N. Ocean Blvd
83.
84. City Ft Lauderdale
85. Zip Code FL 33308

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OTTINO, J.P.	
STREET ADDRESS	3015 NORTH OCEAN BLVD., SUITE 121	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POLANSKY, BRUCE	
STREET ADDRESS	3015 NORTH OCEAN BLVD., SUITE 121	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HIERHOLZER, LARRY	
STREET ADDRESS	3015 NORTH OCEAN BLVD., SUITE 121	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMBERT, JAMES	
STREET ADDRESS	3015 NORTH OCEAN BLVD., SUITE 121	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, REBECCA A	
STREET ADDRESS	3015 NORTH OCEAN BLVD., SUITE 121	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANDAU, MARC J	
STREET ADDRESS	3015 NORTH OCEAN BLVD., SUITE 121	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D/CEO LAMBERT, JAMES E.
4.3 STREET ADDRESS	3015 NORTH OCEAN BLVD., SUITE 121
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/P/S FOSTER, REBECCA A.
5.3 STREET ADDRESS	3015 NORTH OCEAN BLVD., SUITE 121
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D/VP/T LANDAU, MARC J
6.3 STREET ADDRESS	3015 NORTH OCEAN BLVD., SUITE 121
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308

14. I do 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.

SIGNATURE:  (NOTE: REGISTERED AGENT SIGNATURE REQUIRED) DATE **4/8/97** 954-563-2444

CR2E034 (9/96)