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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



APPROVED

99 MAR 26 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000024638  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 03/19/1996

4. FEI Number: 65-0657980

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 the current year Intangible Personal Property Tax:  Yes [ ] No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: FOSTER, R A, 3015 N OCEAN BLVD, STE 121, FT. LAUDERDALE FL 33309

81. Name

82. Street Address (P.O. Box Number is Not Acceptable): 000002829600-2

83. City, State, Zip: -04/05/99-01126-023

84. City, State, Zip Code: \*\*\*\*150.00 \*\*\*\*150.00 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 fee if any. (NOTE: Registered Agent signature required when registering.) DATE:

12. OFFICERS AND DIRECTORS

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | DCEO                              | <input checked="" type="checkbox"/> DELETE |
| NAME           | LAMBERT, JAMES                    |  |
| STREET ADDRESS | 3015 NORTH OCEAN BLVD., SUITE 121 |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL                 |  |
| TITLE          | DPS                               | <input type="checkbox"/> DELETE            |
| NAME           | FOSTER, REBECCA A                 |  |
| STREET ADDRESS | 3015 NORTH OCEAN BLVD., SUITE 121 |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL                 |  |
| TITLE          | DVPT                              | <input type="checkbox"/> DELETE            |
| NAME           | LANDAU, MARC J                    |  |
| STREET ADDRESS | 3015 NORTH OCEAN BLVD., SUITE 121 |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL                 |  |
| TITLE          | D                                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | OTTINO, J P                       |  |
| STREET ADDRESS | 3015 N OCEAN BLVD, 121            |  |
| CITY-ST-ZIP    | FT LAUD FL 33308                  |  |
| TITLE          | D                                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | HIERHOLZER, L                     |  |
| STREET ADDRESS | 315 N OCEAN BLVD, 121             |  |
| CITY-ST-ZIP    | FT LAUD FL 33308                  |  |
| TITLE          | D                                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | POLANSKY, B                       |  |
| STREET ADDRESS | 3015 N OCEAN BLVD, 121            |  |
| CITY-ST-ZIP    | FT LAUD FL 33308                  |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                         |
|-------------------|-------------------------|
| 11 TITLE          | [ ] Change [ ] Addition |
| 12 NAME           |                         |
| 13 STREET ADDRESS |                         |
| 14 CITY-ST-ZIP    |                         |
| 21 TITLE          | [ ] Change [ ] Addition |
| 22 NAME           |                         |
| 23 STREET ADDRESS |                         |
| 24 CITY-ST-ZIP    |                         |
| 31 TITLE          | [ ] Change [ ] Addition |
| 32 NAME           |                         |
| 33 STREET ADDRESS |                         |
| 34 CITY-ST-ZIP    |                         |
| 41 TITLE          | [ ] Change [ ] Addition |
| 42 NAME           |                         |
| 43 STREET ADDRESS |                         |
| 44 CITY-ST-ZIP    |                         |
| 51 TITLE          | [ ] Change [ ] Addition |
| 52 NAME           |                         |
| 53 STREET ADDRESS |                         |
| 54 CITY-ST-ZIP    |                         |
| 61 TITLE          | [ ] Change [ ] Addition |
| 62 NAME           |                         |
| 63 STREET ADDRESS |                         |
| 64 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: Rebecca A. Foster 2/15/99 954-563 2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)