

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V30213** (5)

1. Corporation Name  
**1141 NORTH OCEAN, INC.**



Principal Place of Business: **1141 N OCEAN DRIVE SINGER ISLAND FL 33404**  
Mailing Address: **1141 N OCEAN DRIVE SINGER ISLAND FL 33404**

3. Date Incorporated or Qualified: **04/21/1992**  
3a. Date of Last Report: **05/01/1995**  
4. FE# Number: **65-0330811**  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**WALTER, MARK  
1141 N OCEAN DRIVE  
SINGER ISLAND FL 33404**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	NAME: <b>WALTER, MARK</b>	1.1 TITLE: <b>PT</b>	1.2 NAME: <b>WALTER, MARK</b>
STREET ADDRESS: <b>1141 N OCEAN DRIVE</b>	CITY-ST-ZIP: <b>SINGER ISLAND FL</b>	1.3 STREET ADDRESS: <b>1141 N OCEAN DR</b>	1.4 CITY-ST-ZIP: <b>SINGER ISLAND, FL 33404</b>
TITLE: <b>VP</b>	NAME: <b>KAREN, WALTER</b>	2.1 TITLE: <b>VPS</b>	2.2 NAME: <b>LOZOTT, JAMES</b>
STREET ADDRESS: <b>1141 N. OCEAN DR.</b>	CITY-ST-ZIP: <b>SINGER ISLAND FL</b>	2.3 STREET ADDRESS: <b>1141 N. OCEAN DR</b>	2.4 CITY-ST-ZIP: <b>SINGER ISLAND, FL 33404</b>
TITLE: [ ] DELETE	NAME: [ ] DELETE	3.1 TITLE: [ ] CHANGE [ ] ADDITION	3.2 NAME: [ ] CHANGE [ ] ADDITION
STREET ADDRESS: [ ] DELETE	CITY-ST-ZIP: [ ] DELETE	3.3 STREET ADDRESS: [ ] CHANGE [ ] ADDITION	3.4 CITY-ST-ZIP: [ ] CHANGE [ ] ADDITION
TITLE: [ ] DELETE	NAME: [ ] DELETE	4.1 TITLE: [ ] CHANGE [ ] ADDITION	4.2 NAME: [ ] CHANGE [ ] ADDITION
STREET ADDRESS: [ ] DELETE	CITY-ST-ZIP: [ ] DELETE	4.3 STREET ADDRESS: [ ] CHANGE [ ] ADDITION	4.4 CITY-ST-ZIP: [ ] CHANGE [ ] ADDITION
TITLE: [ ] DELETE	NAME: [ ] DELETE	5.1 TITLE: [ ] CHANGE [ ] ADDITION	5.2 NAME: [ ] CHANGE [ ] ADDITION
STREET ADDRESS: [ ] DELETE	CITY-ST-ZIP: [ ] DELETE	5.3 STREET ADDRESS: [ ] CHANGE [ ] ADDITION	5.4 CITY-ST-ZIP: [ ] CHANGE [ ] ADDITION
TITLE: [ ] DELETE	NAME: [ ] DELETE	6.1 TITLE: [ ] CHANGE [ ] ADDITION	6.2 NAME: [ ] CHANGE [ ] ADDITION
STREET ADDRESS: [ ] DELETE	CITY-ST-ZIP: [ ] DELETE	6.3 STREET ADDRESS: [ ] CHANGE [ ] ADDITION	6.4 CITY-ST-ZIP: [ ] CHANGE [ ] ADDITION

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 119.07(3)(k), 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, upon an attachment with full address.

SIGNATURE:

*Mark B. Walter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

407-845-2346

CR2E034 (12/95)