

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

APPROVED AND FILED

55 MAY -1 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V71102 (0)**

1. Corporation Name
SHELBORNE OCEAN BEACH HOTEL CORP.

Principal Name of Corporation: **999 WASHINGTON AVENUE MIAMI BEACH FL 33139**
Mailing Address: **999 WASHINGTON AVENUE MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quoted: **10/14/1992** 3a. Date of Last Report: **04/15/1994**
4. FEI Number: **65-0361746** 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 C-199.093, Florida Statutes: Yes No

2. Principal Name of Director: **21** 2a. Mailing Address: **26**
State, Apt. #, etc.: **22** State, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** State: **25** Zip: **29** County: **30**

9. Name and Address of Current Registered Agent
**WASSERMAN, MARTIN W
999 WASHINGTON AVE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
81 Name: **Abraham A. Galbut**
82 Street Address (P.O. Box Number is Not Acceptable): **999 Washington Ave**
83
84 City: **Miami Beach** FL 85 Zip Code: **33139**

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. Each change is 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 Sections 607.0505 and 607.1508.
Martin Wasserman **4/19/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GALBUT, RUSSELL W.
STREET ADDRESS	999 WASHINGTON AVE.
CITY, ST, ZIP	MIAMI BEACH FL 33139
TITLE	VSTD
NAME	GALBUT, ABRAHAM A.
STREET ADDRESS	999 WASHINGTON AVE.
CITY, ST, ZIP	MIAMI BEACH FL 33139
TITLE	SHELBORNE OCEAN HOTEL
NAME	5445 COLLINS AVE.
STREET ADDRESS	M.B., FL 33140
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 310.13(2)(b), Florida Statutes. I further certify that the information related on the annual report or supplementary 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 tax cover or limited partnership to which this report is prepared by Chapter 405, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Martin Wasserman* **SHELBORNE OCEAN HOTEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95 205-374-5700
Date Telephone

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gonzalo B. Martinez
Secretary of State
1995

DOCUMENT # **V71436**

(2)

WG IDEAS, INC.

Principal Place of Business
**655 N MILITARY TRAIL
SUITE 9
WEST PALM BEACH FL**

Principal Address
**655 N. MILITARY TRAIL
SUITE 9
W. PALM BEACH FL
US**

33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/12/1992** 3a. Date of Last Report: **03/03/1994**

2. Principal Place of Business:	2a. Mailing Address:
21 State Apt. # of:	26 State Apt. # of:
22 City & State:	27 City & State:
24 Zip:	25 Validity:
29 Zip:	30 Validity:

4. FEI Number:	Applied For:
65-0362626	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 the Florida Statutes:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BASS, DONALD L
7166 S.E. OSPREY STREET
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3)(b), 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 Sections 607.01(2) and 607.01(3)(b), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS:

1. TITLE:	D
2. NAME:	WINBLAD, RONALD A
3. STREET ADDRESS:	1205 EMERALD DRIVE
4. CITY & STATE:	RIVIERA BEACH FL
5. TITLE:	
6. NAME:	
7. STREET ADDRESS:	
8. CITY & STATE:	
9. TITLE:	
10. NAME:	
11. STREET ADDRESS:	
12. CITY & STATE:	
13. TITLE:	
14. NAME:	
15. STREET ADDRESS:	
16. CITY & STATE:	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME:	
3. STREET ADDRESS:	
4. CITY & STATE:	
5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME:	
7. STREET ADDRESS:	
8. CITY & STATE:	
9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME:	
11. STREET ADDRESS:	
12. CITY & STATE:	
13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:	
15. STREET ADDRESS:	
16. CITY & STATE:	

14. I, the undersigned, certify that the information supplied on this filing is, so far as it is known, true and correct, and that I am duly qualified to file the foregoing statement in Florida Statutes. I further certify that the information included on this annual report or biennial report is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am an officer or shareholder of the corporation or the registered business proprietor to register this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer, director, or shareholder.

SIGNATURE: *Ronald A. Winblad*
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OF DIRECTOR

4-30-95 (407-686-1122)
Date Telephone #