


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 709539 (1)  
1. Corporation Name  
THE OCEAN MONARCH CONDOMINIUM INC.



Principal Place of Business: 133 N POMPANO BCH POMPANO BCH FL 33062 US  
Mailing Address: 133 N POMPANO BCH POMPANO BCH FL 33062-5720 US

3. Date Incorporated or Qualified: 09/03/1965  
3a. Date of Last Report: 07/10/1996  
4. FEI Number: 59-1164790  
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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
CHARLES, GLORIA  
133 N POMPANO BCH BLVD  
UNIT 1510  
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent  
81 Name: GLORIA TANNER  
82 Street Address (P.O. Box Number is Not Acceptable): 133 N. POMPANO BEACH BLYD  
83 UNIT 1102  
84 City: POMPANO BEACH FL 85 Zip Code: 33062

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: *Gloria Tanner* Date: 3-27-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPARA, RICHARD	1.2 NAME	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES, GLORIA	2.2 NAME	EUGENE MAGRINI
STREET ADDRESS	183 N POMPANO BCH	2.3 STREET ADDRESS	133 N. POMPANO BEACH BLYD #1803
CITY-ST-ZIP	POMPANO BCH FL 33062	2.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIATROWSKI, ED	3.2 NAME	
STREET ADDRESS	133 N POMPANO BCH	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRINI, EUGENE	4.2 NAME	
STREET ADDRESS	133 N POMPANO BCH	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL 33062	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIFENBURGH, RICHARD	5.2 NAME	MARY LOU LINARDI-THOMAS
STREET ADDRESS	133 N POMPANO BCH	5.3 STREET ADDRESS	133 N. POMPANO BEACH BLYD #1111
CITY-ST-ZIP	POMPANO BCH FL 33062	5.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	<del>SECRETARY</del> <input type="checkbox"/> DELETE	6.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	GLORIA TANNER
STREET ADDRESS		6.3 STREET ADDRESS	133 N. POMPANO BEACH BLYD #1102
CITY-ST-ZIP		6.4 CITY-ST-ZIP	POMPANO BEACH FL 33062

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: *[Signature]* Date: 3/5/97 Daytime Phone # 954-941-9289

CR2E037 (9/96)