


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

FILED

Jul 15 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 # 358209

(5)

1. Corporation Name

6855 N OCEAN BOULEVARD INC

Principal Place of Business

6855 N OCEAN BLVD
OCEAN RIDGE FL 33435

Mailing Address

6855 N OCEAN BLVD
OCEAN RIDGE FL 33435-3316



3. Date Incorporated or Qualified 01/16/1970	3a. Date of Last Report 05/29/1996
4. FEI Number 59-1316952	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

FARR, MARY LOU
6849 N OCEAN BLVD
OCEAN RIDGE FL 33435

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 *Mary Lou Farr*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/10/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, GEORGE	1.2 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, MARY LOU	2.2 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYLOR, JOHN M	3.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEMYSS, CHARLES	4.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKISON, MRS. H.P.	5.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, LYLE	6.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 00000	6.4 CITY-ST-ZIP	

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.

CP2E034 (9/96)