,_['PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800034822 L

1603 OCEAN CLUB CORP.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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915 MIDDLE RIVER DR. STE. 506 FORT LAUDERDALE FL 33304

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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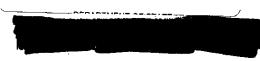
24

Zip

915 MIDDLE RIVER DR. STE. 506 FORT LAUDERDALE FL 33304

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90026 047 ***150.00



DO NOT WRITE IN THIS SPACE						
3. Date Incorporated or Qualifed						
04/16/1998						
4. FEI Number			Applied For			
65-0828321			Not Applicable			
5. Certifcate of Status Desired		\$8.75 Additional Fee Required				
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
8. This corporation owes the current year Intangible						

MORAITIS, GEORGE R 915 MIDDLE RIVER DR. STE. 506 FORT LAUDERDALE FL 33304

Country

9. Name and Address of Current Registered Agent

	Personal Property Tax.	□ Yes Ì ∑√√₀ ,
	10. Name and Address of New	Registered Agent
81	Name	
82	Street Address (P.O. Box Number is Not Accept	lable)
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.

Country

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agent. I am familiar with, and accept the obligations of, Section Gov. Good, 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	D DELETE	1.1 TITLE	DPT Change Addition				
NAME	LAPLANA, LUIS	1 2 NAME	LAPLANA LUIS				
STREET ADDRESS	915 MIDDLE RIVER DR. STE. 506	1.3 STREET ADDRESS	915 Middle River Drive, Suite 506				
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	Fort Lauderdale FI 3330/				
TITLE	D DELETE	2.1 TITLE	DVPS Change Addition				
NAME	DE LAPLANA, MAGALY	2.2 NAME	DE LAPLANA, MAGALY				
STREET ADDRESS	915 MIDDLE RIVER DR. STE. 506	2.3 STREET ADDRESS	915 Middl eRiver Drive, Suite 506				
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	2. 4 CITY-ST-ZIP	Fort Indordala FI 3320/				
TITLE	DELETE	3.1 TITLE	TOTE Lauder date, FL 33304 Change Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ OELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	Change				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
C/TY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 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 of on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/29/9"

154-563-416/ Daylime Phone # CR2E034 (11/98)