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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 192887

3200 GALT OCEAN DRIVE CORP.

(8)

## **FILED** May 02 1997 8:00am Secretary of State



Principal Place of Business  9 WEST 9TH STREET P. O. BOX 1379 TULSA OK 74101-1379 US		Mailing Address 9 WEST 9TH STREET P. O. BOX 1379 TULSA OK 74101-1379 US		T TODINI HAND TOTAL HAND TOTAL HANDS TOTAL		
				3. Date Incorporated or Qualified 05/03/1956	3a. Date of Last Report 05/01/1996	
`	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-6057120	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		J. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	T 6	28	T	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	ntangible tax under s. 199.032,	
24	25   9. Name and Address of Curren	29	[30]		Yes No	
HA		r mohistalan wäalir	81 Na	10. Name and Address of New Re	gistered Agent	
	ORE, TUCKER					
	OO GULF BLVD.		82 Su	cet Address (P.O. Box Number is Not Acceptat	ile) da di	
I NOF	RTH REDINGTON BCH. FL 33708		83	13 Bath Club Boulev	ard Murth	
			63			
			84 Çij	W O L' L D	FL 85 Zip Code 33738	
44 Duraupat	to the provisions of Continue COZ OF OF	0 and 007 1500 Flatide Olates	<b></b>	ofth Kedington Beach	FL 33738	
office or agent. I s	registered agent, or both, in the State refishered agent, and accept the obligation in the state registered agent, and accept the obligation in the state of th	of Florida Such change was a ations of, Section 607.0505, Flo	es, me above-nar authorized by the orida Statutes.	ned corporation subtrits this statement for the p corporation's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	ot and title it applicable (NOT)	: Bogislered Apont sign	nature required when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PST	DELETE	1,4 TITLE		Change Addition	
NAME	MOORE, C. T.		1.⊉ NAME			
STREET ADDRESS	16700 GULF BLVD		1.8 STREET ADDR	iss 173 Bath Club Boukva	ra North	
CITY-ST-ZIP	N. REDINGTON BCH FL		1.# CITY - ST - ZIP	North Reginaton Beach	h .FL 33738	
TITLE	VO	☐ DELETE	2.1 TITLE	North Redington Beau	Change Addition	
NAME	CARTWRIGHT, MARY K.		2.2 NAME		• •	
STREET ADDRESS	5309 E. PALOMINO RD		2.8 STREET ADDR	ESS		
CITY-ST-ZIP	PHOENIX AZ		2:4 CITY-ST-ZIP			
TITLE	VÕ	DELETE	3 1 TITLE		Change Addition	
NAME	MOORE, MELISSA A.		3.8 NAME		t al. 111	
STREET ADDRESS	16700 GULF BLVD		3 8 STREET ADDR	ess   173 Bath Club Boulevi	ara North	
CITY-ST-ZIP	N. REDINGTON BCH FL		3 #. CITY- ST-ZIP	10.000 11 1 6	4 . FL 332.38	
TITLE		☐ DELETE	4 ) THEE	The state of the s	Change Addition	
NAME			4.12 NAME		-	
STREET ADDRESS			4.8 STREET ADDR	FSS		
CITY-ST-ZIP			4.≹ CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		- ·	
STREET ADDRESS			5.3 STREET ADDR	ess		
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TiTLE		Change Addition	
NAME			6.8 NAME			
STREET ADDRESS			6.3 STREET ADDR	rss		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP			

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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.