

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **231260** (1)

1. Corporation Name
BLUE OCEAN LODGE, INC.



Principal Place of Business: **5001 N OCEAN BLVD BOYNTON BCH FL 33435**
Mailing Address: **5001 N OCEAN BLVD BOYNTON BCH FL 33435**

2. Principal Place of Business: **21 SAME**
Suite, Apt. #, etc.: **26 SAME**
City & State: **27**
Zip: **24** Country: **25**
City & State: **28**
Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **12/19/1959** 3a. Date of Last Report: **03/07/1995**
4. FEI Number: **59-0965259** 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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**MADSEN, FRED C.
5001 N OCEAN BLVD
BOYNTON BEACH 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: _____ State: **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 _____ DATE _____
Signature: typed or printed name of registered agent and date of appointment (Date: Registered Agent signature is required for this filing)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARRETT, G.L.	
STREET ADDRESS	5001 N. OCEAN BLVD.	
CITY-ST-ZIP	BOYNTON BCH, FL 00000 33435	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KEOGH, NANCY	
STREET ADDRESS	5001 N OCEAN BLVD	
CITY-ST-ZIP	BOYNTON BCH, FL 00000 33435	
TITLE		<input type="checkbox"/> DELETE
NAME	MADSEN, FRED C.	
STREET ADDRESS	5001 N. OCEAN BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LE CHARD, JOHN	
STREET ADDRESS	5001 N OCEAN BLVD	
CITY-ST-ZIP	BOYNTON BCH, FL 00000 33435	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVENPORT, JANE	
STREET ADDRESS	5001 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PUMO, JAMES	
STREET ADDRESS	5001 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ANDRES, WALTER	
13 STREET ADDRESS	5001 N. OCEAN BLVD.	
14 CITY-ST-ZIP	BOYNTON BCH FL 33435	
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 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *[Signature]* TREAS./DIRECTOR MARCH 20, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Deposite Phone #

CR2E034 (12/95)