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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90216 038 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 231260**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/19/1959	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-0965259	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD SEXTON, AVIS 5001 N OCEAN BLVD BOYNTON BEACH FL 33435	1.1 TITLE	D EICK, WILSON 5001 N. OCEAN BLVD. BOYNTON BEACH, FLORIDA 33435
TITLE	D KEOGH, NANCY 5001 N OCEAN BLVD BOYNTON BCH, FL 33435	2.1 TITLE	D DAVENPORT, JANE 5001 N. OCEAN BLVD. BOYNTON BEACH, FL 33435
TITLE	S/D MADSEN, FRED C. 5001 N. OCEAN BLVD. BOYNTON BEACH FL 33435	3.1 TITLE	S/D MADSEN, FRED C. 5001 N. OCEAN BLVD. BOYNTON BEACH, FL 33435
TITLE	TD LE CHARD, JOHN 5001 N OCEAN BLVD BOYNTON BCH, FL 33435	4.1 TITLE	PD PUMO, JAMES 5001 N. OCEAN BLVD. BOYNTON BEACH, FL 33435
TITLE	D DAVENPORT, JANE 5001 N. OCEAN BLVD. OCEAN RIDGE FL	5.1 TITLE	
TITLE	PD PUMO, JAMES 5001 N. OCEAN BLVD. OCEAN RIDGE FL 33435	6.1 TITLE	

1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.2 NAME	6.3 STREET ADDRESS	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, or on an attachment with an address, with all other like empowered.

SIGNATURE:  MARCH 5, 1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (1/1/98)