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Jul 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 265671

(8)

1. Corporation Name

OCEAN HOUSE NORTH INC

Principal Place of Business

8861 NORTH OCEAN BLVD  
OCEAN RIDGE FL 33445

Mailing Address

8861 NORTH OCEAN BLVD  
OCEAN RIDGE FL 33435-3339



3. Date Incorporated or Qualified  
03/21/1963

3a. Date of Last Report  
01/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1088074

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

SCRUTON, ROBERT T  
6849 N OCEAN BLVD  
OCEAN RIDGE, FL  
33435

10. Name and Address of New Registered Agent

81 Name  
Mary Lou Farr  
82 Street Address (P.O. Box Number is Not Acceptable)  
6849 N. Ocean Blvd  
83  
84 City  
Ocean Ridge FL 85 Zip Code  
33435

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

*Mary Lou Farr*  
(NOTE: Registered Agent signature required when reinstating)

6/10/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE ASAT  
NAME SCRUTON, ROBERT T Mary Lou Farr  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE FL

TITLE PD  
NAME EUGENE CURTIS  
STREET ADDRESS 6861 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE, FL 00000

TITLE VD  
NAME CONNETT, WILLIAM  
STREET ADDRESS 6849 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE FL

TITLE D  
NAME RIDDER, BERNARD H  
STREET ADDRESS 6861 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE, FL 00000

TITLE DT  
NAME MCKAY, DEAN  
STREET ADDRESS 6861 N OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE, FL 00000

TITLE D  
NAME NAYLOR, JOHN  
STREET ADDRESS 6861 N. OCEAN BLVD  
CITY-ST-ZIP OCEAN RIDGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME PD DEAN MCKAY  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME 400002239044  
33 STREET ADDRESS -07/16/97--01010--024  
34 CITY-ST-ZIP \*\*\*165.00

41 TITLE  
42 NAME 500002239045  
43 STREET ADDRESS -07/16/97--01010--025  
44 CITY-ST-ZIP \*\*\*385.00

51 TITLE  
52 NAME PD  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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.

SIGNATURE *Mary Lou Farr* *John Naylor* *Dean McKay*

CR2E034 (9/96)