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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 265671 (8)
1. Corporation Name
OCEAN HOUSE NORTH INC

Principal Place of Business
6861 NORTH OCEAN BLVD
OCEAN RIDGE FL 33445

Mailing Address
6861 NORTH OCEAN BLVD
OCEAN RIDGE FL 33445



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1963

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

FARR, MARY LOU
6849 N OCEAN BLVD
OCEAN RIDGE 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

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

Mary Lou Farr
Signed, typed or printed name of registered agent and title if applicable

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

3/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ASAT ☐ DELETE
NAME FARR, MARY LOU
STREET ADDRESS 6849 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME J.D. Lyne, Esq.
2.3 STREET ADDRESS 6849 N. Ocean Blvd
2.4 CITY-ST-ZIP Ocean Ridge, FL 33435

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Naylor, John Mrs
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE

Mary Lou Farr
Signed, typed or printed name of registered agent and title if applicable

3/23/98

561-737-6770

CR2E034 (10/97)