FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 11:40

DOCUMENT # **289203** **(2)**

1. Corporation Name
OCEAN HILLSBORO INC

Principal Place of Business	Mailing Address
1069 HILLSBORO BEACH HILLSBORO BEACH FL 33062-2137	1069 HILLSBORO BEACH HILLSBORO BEACH FL 33062-2137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1965
3a. Date of Last Report: 04/26/1994

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

4. FEI Number: 59-1146710 ☐ 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	10. Name and Address of New Registered Agent
~~SACKBAUER, FRED~~ ~~1069 HILLSBORO MILE #102~~ ~~HILLSBORO BEACH FL 33062~~	81 Name: Donna Long 82 Street Address (P.O. Box Number is Not Acceptable): 1069 Hillsboro Mile 83 84 City: Hillsboro Bch, FL 33062-2137 85 Zip Code

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: Donna Long
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	☒ Change ☒ Addition V/D
NAME	STEKETEE, BARBARA	12 NAME	Donna Long
STREET ADDRESS	1069 HILLSBORO MILE	13 STREET ADDRESS	1069 Hillsboro Mile
CITY ST ZIP	HILLSBORO BEACH FL 33062	14 CITY ST ZIP	Hillsboro Bch, FL 33062-2137
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	SACKBAUER, FRED	22 NAME	
STREET ADDRESS	1069 HILLSBORO MILE #501	23 STREET ADDRESS	
CITY ST ZIP	HILLSBORO BEACH FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MCGOVERN, PAUL	32 NAME	
STREET ADDRESS	1069 HILLSBORO MILE #508	33 STREET ADDRESS	
CITY ST ZIP	HILLSBORO BEACH FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	SHEPHERD, DOROTHY	42 NAME	
STREET ADDRESS	1069 HILLSBORO MILE	43 STREET ADDRESS	
CITY ST ZIP	HILLSBORO BEACH FL 33062	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	JABLONSKI, CHRISTINE	52 NAME	
STREET ADDRESS	1069 HILLSBORO MILE #607	53 STREET ADDRESS	
CITY ST ZIP	HILLSBORO BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: Barbara Steketee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Steketee - Treasurer — 5/15/95 — Daytime Phone # 305-943-0352

0425062 FP