FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mosikaiti /

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

289203

(2)

OCEAN HILLSBORO INC

Mailing Address

FILED

Mar 04 1998 8:00am

Secretary of State

					DO NOT WRITE IN TH 3. Date Incorporated or Qualified 01/26/1965	· · · · · · · · · · · · · · · · · ·		
2. Principal Plac	rincipal Place of Business 2a. Mailing Address				4. FEI Number	Ar	oplied For	
1 26					59-1146710	No.	ot Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired	****	Additional	
27						Fee Ro	equired	
City & State		City & State			6. Election Campaign Financing		May Be	
3	Country	28	Countr		Trust Fund Contribution		to Fees	
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid the		langible No	
4	25 g. Name and Address of Curre		30		Personal Property Tax due June 30. 10. Name and Address of New Register 11. Personal Property Tax due June 30.		7 140	
10		in registered Agent	81	Name	ID, Italia and Addisso of Now Hogiston	ou Agent		
LONG, DONNA								
1069 HILLSBORO MILE HILLSBORO BCH FL 33062				Street #	Address (P.O. Box Number is Not Acceptable)		ľ	
THL	LODUNU DUN PL 33002		83	1				
			84	City		85 Zip	Code	
41 Purement to	the provisions of Sections 607 Offi	12 and 607 1508 Florida Statuto	s the ebou	e-named			e registered	
office or rec	gistered agent, or both, in the State	of Florida, Such change was at	uthorized b	y the corp	corporation submits this statement for the purpos poration's board of directors. I hereby accept the	appointment as	registered	
	tamiliar with, and accept the oblig	jations of, Section 607.0505, Flor	ida Statute	15.				
SIGNATURE	gnature, typed or printed name of registered ag	out and bite d applicable (NOTE	Registered Ac	ent scoosture	required when reinstating) DA1	È		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12	
TITLE	ESTHER	DELETE	1.1 TITLE			Change	Addition	
NAME	STEKETEE, BARBARA	• •	1.2 NAME		STEKETTUE, ESTH	ER		
STREET ADDRESS	1069 HILLSBORO MILE, #6	301	1.3 STREE	T ADDRESS	1069 HILLSBORD MIL	当 460		
CITY-ST-ZIP	HILLSBORO BEACH FL		1.4 CITY-	ST-ZIP	STEKETTUE, ESTHE 1069 HILLSBORD MIL HILLSBORD BEACH, F	<i>.</i>	i	
TITLE	Р	DELETE	2.1 TITLE			Change	Addition	
NAME	LONG, DONNA		2.2 NAME					
STREET ADDRESS	1069 HILLSBORO MILE		2.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP	HILLSBORO BEACH FL		2. 4 CITY-	ST-ZIP			1	
TITLE	D	☐ DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME	TRIFOLI, SUSAN		3.2 NAME					
STREET ADDRESS	1069 HILLSBORO MILE, #4	107	3.3 STREE	T ADDRESS				
CITY-ST-ZIP	HILLSBORO BEACH FL.		3.4. CITY-	ST-ZIP				
TITLE	\$	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	SHEPHERD, DOROTHY		4. 2 NAME					
STREET ADDRESS	1069 HILLSBORO MILE		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	HILLSBORO BEACH FL		4.4 CITY-	ST-ZIP				
TITLE	D	DELETE	5.1 TITLE			☐ Change	Addition	
NAME	CURTIS, WINIFRED		5.2 NAME					
STREET ADDRESS	1069 HILLSBORO MILE, #6	303	5.3 STREE	T ADDRESS				
CITY-ST-ZIP	HILLSBORO BEACH FL		5.4 CITY-	ST-ZIP				
TITLE		DELETE	6.1 TITLE	····		☐ Change	Addition	
HAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY_ST_7IP			SACITY.					

14. Thereby 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 roceiver 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: