

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

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 297685 1. Corporation Name THE OCEAN MAISONNETTES, INC.	(0)
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Principal Place of Business 6880 NORTH OCEAN BOULEVARD OCEAN RIDGE FL 33435	Mailing Address 6880 NORTH OCEAN BOULEVARD OCEAN RIDGE FL 33435
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/08/1965	
4. FEI Number 59-1285917		Applied For <input type="checkbox"/> Not Applicable		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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent FARR, MARY LOU 6849 N OCEAN BLVD OCEAN RIDGE FL 33435		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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* *Mary Lou Farr* **3/23/98**
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR, HAILAND G	1.2 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, BOURNE	2.2 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARR, MARY LOU	3.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, GILBERT	4.2 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYDMAN, MARY	5.2 NAME	
STREET ADDRESS	6849 N OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CHARLES	6.2 NAME	
STREET ADDRESS	6849 N. OCEAN BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL	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* *Mary Lou Farr* **3/23/98**

CP2E034 (10/97)