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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 10 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 297785

(8)

Mailing Address

OCEAN PALM ESTATES, INCORPORATED

| 3600 SO. CENTRAL AVE.<br>FLGLER BEACH FL 32136-4117 |  | 3600 SO. CENTRAL AVE.<br>Flgler Beach Fl 32136-4162   |                       |                                     |  |                                  |   |                                |
|---|--|---|-----------------------|-------------------------------------|--|----------------------------------|---|--------------------------------|
|   |  |   |                       |                                     | 3. Date Incorporated or 0<br>10/18/1965                              | Qualified :                      | 3a. Date of Last 02/01/1996             |                                |
| 2. Principal P                                      | lace of Business   | 2a. Mailing Address   |                       |                                     | 4. FEI Number  |                                  | 1                                       | Applied For                    |
| 21  |  | 26  |                       |                                     | <del>59-1153185</del>  |                                  | <del> </del>                            | ot Applicable                  |
| Suite, Apt  | #, elc   | Suite, Apt. #. etc.   |                       |                                     | 5. Certificate of Status De  | esired [                         | 1                                       | Additional<br>Regulred         |
| 22 C ty & State                                     |  | City & State  |                       | ·                                   |  |                                  | <del></del>                             | <u>'</u>                       |
| 23  | t.   | 28 City & State   |                       |                                     | 6. Election Campaign Fin<br>Trust Fund Contributio                   |                                  |   | O May Be<br>d to Fees          |
| Zip   | Country  | Zip   | Cour                  | ntrv                                | This corporation has lie   | •                                |   |                                |
| 24  | 25   | <u>}</u>  | 30                    | ,                                   | Florida Statutes   | ability for inta                 |   | s. 198.032,                    |
| <u> </u>  | 9, Name and Address of Currer  |   | 1                     |                                     | 10. Name and Address of  |                                  |   |                                |
| JOH   | INSON, RONALD N.   |   |                       | 81 Name                             |  | , T                              |   |                                |
|   | S. GRANDVIEW AVE.  |   | -                     | 82 Street Add                       | dress (P.O. Box Number is Not  | Acceptable                       |   | M11441                         |
|   | TONA BEACH FL 32018  |   |                       | oz Sileei Aut                       | iress (r.O. BOX NUMBER IS NOT  | Acceptable)                      |   |                                |
|   |  |   |                       | 83                                  |  |                                  |   |                                |
|   |  |   | -                     |                                     | ······································                               |                                  |   |                                |
|   |  |   |                       | 84 City                             |  |                                  | FL 85 Zip                               | Code                           |
| office or r   | to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the oblig | of Florida. Such change was a   | uthorized             | by the corpora                      | rporation submits this statemer<br>ation's board of directors. I her | it for the purp<br>aby accept th | pose of changing<br>ne appointment a    | its registered<br>s registered |
| SIGNATURE   | Signal receipts of a ported name of regression age   | ent and other diagonle able (NOTE   | Begislered            | Agent signature regi                | ured when reinstaling)   |                                  | DATE                                    |                                |
| 12,   |  | D DIRECTORS   | 13.                   | rigen agrana req.                   | ADDITIONS/CHANGES  |                                  |   | PRS IN 12                      |
| TITLE   | TD   | DELETE  | 1.1 TiT               | LE                                  |  |                                  | Change                                  |                                |
| NAME  | JOHNSON, RONALD N  |   | 1.2 NA                | ме                                  |  |                                  |   |                                |
| STREET ACCURESS                                     | 326 S GRANDVIEW AVENUE   |   | 1.3 ST                | REET ADDRESS                        |  |                                  |   |                                |
| City - ST - ZIP                                     | DAYTONA BEACH, FL 00000  |   |                       | Y-ST-7IP                            |  |                                  |   |                                |
| 117LE   | VSD  | DELETE  | 2.1 717               |                                     |  |                                  | Change                                  | Addition                       |
| NAME  | SHANKLAND, CRAIG   |   | 2.2 NA                | ME                                  |  |                                  |   |                                |
| STREET ADDRESS                                      | 282 OCEAN PALM DR, S   |   | 2.3 ST                | REET ADDRESS                        |  |                                  |   |                                |
| CH Y - ST - ZIP                                     | FLGLER BCH, FL 00000   |   |                       | TY-ST-ZIP                           |  |                                  |   |                                |
| TIPLE   | PD   | DELETE  | 3.1 TIT               |                                     |  |                                  | Change                                  | Addition                       |
| NAME  | NICOL, RONALD S  |   | 3.2 NA                | ME                                  |  |                                  |   |                                |
| STREE: ACURESS                                      | 3600 S CENTRAL AVENUE  |   | 3.3 ST                | REET ADDRESS                        |  |                                  |   |                                |
| CITY - S1 - ZIP                                     | FLGLER BCH, FL 00000   |   |                       | TY-ST-71P                           |  |                                  |   |                                |
| TITLE   |  | ☐ DELETE  | 4.1 TiT               |                                     | ***************************************                              |                                  | ☐ Change                                | ☐ Addition                     |
| NAME  |  |   | 4. 2 NA               | ME                                  |  |                                  | •                                       |                                |
| STREE" ACORESS                                      |  |   | 4.3 ST                | HEET ADDRESS                        |  |                                  |   |                                |
| CITY-ST-ZIP   |  |   |                       | Y-ST-ZIP                            |  |                                  |   |                                |
| TITLE   |  | ☐ DELETE  | 5.1 T(T               |                                     |  |                                  | ☐ Change                                | Addition                       |
| NAME  |  |   | 5.2 NA                | ME                                  |  |                                  |   |                                |
| STREE! ACCURESS                                     |  |   |                       | REET ADDRESS                        |  |                                  |   |                                |
| OHY-ST ZIP  |  |   |                       | Y-ST-ZIP                            |  |                                  |   |                                |
| Trut  |  | DELETE  | 6.1 TIT               |                                     | ······································                               |                                  | Change                                  | Addition                       |
| N4Mt  |  |   | 6.2 NA                |                                     |  |                                  | •                                       |                                |
| STREET ACURESS                                      |  |   |                       | REET ADDRESS                        |  |                                  |   |                                |
| CITY+ST-ZIP   |  |   |                       | Y-SI-ZIP                            |  |                                  |   |                                |
| <b>14.</b> Ldo here:                                | L  | d with this filing does not qualif  | y for the i           | exemption state                     | ed in Section 119.07(3)(i), Flori                                    | da Statutes I                    | further certify that                    | at the                         |
| informatic<br>Lamian o                              | ori indicated on this annual report or a<br>Placer or director of the corporation o                                  | supplemental annual report is tr<br>i the receiver or trustee empowi<br>ir on an atlachment with an add | ue and a<br>ered to e | courate and the<br>xecute this repo | at my signature shall have the some as required by Chapter 607       | same legal ef<br>, Florida State | flect as if made u<br>utes; and that my | nder oath; that<br>name        |