

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 414521 (5)

1. Corporation Name

OCEAN COVE TRAILER PORT, INC.



Principal Place of Business

**P.O. BOX 539
TAVERNIER FL 33070**

Mailing Address

**P.O. BOX 539
TAVERNIER FL 33070**

3. Date Incorporated or Qualified
12/12/1972

3a. Date of Last Report
04/10/1995

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

4. FEI Number

59-1525615

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

**COOLEY, JUDITH A C.P.A.
90290 OVERSEAS HIGHWAY, SUITE 103
TAVERNIER FL 33070**

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

(Signature typed or printed name of registered agent and date of signature)

(If Not: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BOULTON, RICHARD	
STREET ADDRESS	92101 OVERSEAS HIGHWAY	
CITY-STATE-ZIP	TAVERNIER FL 33070	
TITLE	VP	☐ DELETE
NAME	GILBERT, PAUL	
STREET ADDRESS	92101 OVERSEAS HIGHWAY	
CITY-STATE-ZIP	TAVERNIER FL 33070	
TITLE	S	☐ DELETE
NAME	SCHARTNER, JOHN	
STREET ADDRESS	92101 OVERSEAS HIGHWAY	
CITY-STATE-ZIP	TAVERNIER FL 33070	
TITLE	T	☒ DELETE
NAME	DOBNEY, CHARLOTTE	
STREET ADDRESS	92101 OVERSEAS HIGHWAY	
CITY-STATE-ZIP	TAVERNIER FL 33070	
TITLE	D	☐ DELETE
NAME	CLARK, DORIS	
STREET ADDRESS	92101 OVERSEAS HIGHWAY	
CITY-STATE-ZIP	TAVERNIER FL 33070	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary (S)	☒ Change ☐ Addition
1.2 NAME	Boulton, Richard	
1.3 STREET ADDRESS	92101 Overseas Highway	
1.4 CITY-STATE-ZIP	Tavernier, FL 33070	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	President (P)	☒ Change ☐ Addition
3.2 NAME	Schartner, John	
3.3 STREET ADDRESS	92101 Overseas Highway	
3.4 CITY-STATE-ZIP	Tavernier, FL 33070	
4.1 TITLE	Treasurer (T)	☐ Change ☒ Addition
4.2 NAME	Markowitz, Edwin	
4.3 STREET ADDRESS	92101 Overseas Highway	
4.4 CITY-STATE-ZIP	Tavernier, FL 33070	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(k), Florida Statutes. I further certify that the information included in 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, changed, or on an attachment with an address.

SIGNATURE:

Edwin Markowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin Markowitz 1/19/96 305 852-2072
Date Daytime Phone #

CR2E034 (12/95)