**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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 | Mailing Address |
|---|---|
| P.O. BOX 539<br>TAVERNIER FL 33070 | P.O. BOX 539<br>TAVERNIER FL 33070-0539 |

3. Date Incorporated or Qualified: 12/12/1972
3a. Date of Last Report: 02/01/1996

2. Principal Place of Business
21: 92101 Overseas Hwy
22 Suite, Apt. #, etc.: Unit 28 / office
23 City & State: Tavernier, FL
24 Zip: 33070
25 County: Monroe

2a. Mailing Address
26: 92101 Overseas Hwy
27 Suite, Apt. #, etc.: Unit 28
28 City & State: Tavernier FL
29 Zip: 33070
30 County: Monroe

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: Judith Cooley CPA
82 Street Address (P.O. Box Number is Not Acceptable): 92330 Overseas Hwy #9
83
84 City: Tavernier FL 85 Zip Code: 33070

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BOULTON, RICHARD<br>92101 OVERSEAS HIGHWAY<br>TAVERNIER FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | (S)<br>Koenigshof, Howard<br>92101 Overseas Hwy, Unit 23<br>Tavernier, FL 33070 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GILBERT, PAUL<br>92101 OVERSEAS HIGHWAY<br>TAVERNIER FL 33070 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SCHARTNER, JOHN<br>92101 OVERSEAS HIGHWAY<br>TAVERNIER FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MARKOWITZ, EDWIN<br>92101 OVERSEAS HIGHWAY<br>TAVERNIER FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CLARK, DORIS<br>92101 OVERSEAS HIGHWAY<br>TAVERNIER FL 33070 | ☒ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | (D)<br>Boulton, Nancy<br>92101 Overseas Hwy, Unit 7<br>Tavernier, FL 33070 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (9/96)

14. I do 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:** Edwin Markowitz Treas. 2/10/97 305 852-2072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #