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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
92101 OVERSEAS HWY UNIT 28/ OFFICE TAVERNIER FL 33070 US	92101 OVERSEAS HWY UNIT 28 TAVERNIER FL 33070 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1972

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COOLEY, JUDITH A C.P.A.
92330 OVERSEAS HWY #9
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name: HOWARD KOENIGSHOEF
82 Street Address (P.O. Box alone is not acceptable): 92101 OVERSEAS HIGHWAY
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: Howard Koenigshoef HOWARD KOENIGSHOEF DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOENIGSHOF, HOWARD 92101 OVERSEAS HWY, UNIT 23 TAVERNIER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P KOENIGSHOF, HOWARD 92101 OVERSEAS HWY. TAVERNIER, FL.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GILBERT, PAUL 92101 OVERSEAS HIGHWAY TAVERNIER FL 33070	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S SHERRY L. CARR 92101 OVERSEAS HWY. TAVERNIER, FL. 33070	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHARTNER, JOHN 92101 OVERSEAS HIGHWAY TAVERNIER FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D RUTH WOOD 92101 OVERSEAS HWY. TAVERNIER, FL. 33070	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARKOWITZ, EDWIN 92101 OVERSEAS HIGHWAY TAVERNIER FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T MARKOWITZ, EDWIN 92101 OVERSEAS HWY. TAVERNIER, FL. 30070	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOULTON, NANCY 92101 OVERSEAS HWY, UNIT 7 TAVERNIER FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V BOULTON, NANCY 92101 OVERSEAS HWY. 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 (10/97)

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: Sherry L. Carr SHERRY L. CARR 3/02/98 305-852-5983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180600