PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 481853

OCEAN ROC MOTEL, INC.

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90080 007 ***150.00

Principal Place	of Business	Mailing Address		(ISELII SIERI (SIST) SIST SIST SISTE		
6515 COLLINS	AVE .	6515 COLLINS AVE				
MIAMI BCH FL	33141	MIAMI BCH FL 33141		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed		
	·			07/23/1975		
2 Deinainat Di	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
2. Principal el	ace of Business		INS_AU		Not Applicable	
21.11.7-2. <u>6</u> Suite, Apt. 1	# etc	Suite, Apt. #, etc.			\$8.75 Additional	
22 44 124	HI REAL	27	•	5. Certificate of Status Desired	Fee Required	
City & State	ber Deuch	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 MAA		28 MIAMI 13EK	it, FLI	Trust Fund Contribution	Added to Fees	
Zip	Country		Country	8. This corporation owes the current year Ir	ntangible	
24 3316	0 25 USA	Zip 29 33/60 30	USA	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Curren			10. Name and Address of New Registered	I Agent	
			81 Name	STANLEY L. BROWN		
	WN, JACK N.		82 Street A	Address (P.O. Box Number is Not Acceptable)		
	COLLINS AVE		19	505 COLLINS AUF A	•	
MAIM	AI BCH FL 33141 ,		83		Į	
			84 City a		85 Zip Code	
			'/'	NAMI BEACH FL	- 33/60	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, t	ne above-named	corporation submits this statement for the purpose o	f changing its registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	or Flonda, Such change was author tions of, Section 607.0505, Florida	Statutes.	oration's board of directors. I hereby accept the appo	Situation as registered	
SIGNATURE		war - PRESIDER	-	3/29	9/99	
SIGNATURE	Signature, typed or printed name of registered agen			equired when reinstating) OATE	777	ó
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		7
TITLE	DS	☐ DELETE	1.1 TTR.E	DP. STANLEY L. BROWN STANLEY L. BROWN	Change Addition	7
NAME	BROWN, STANLEY L		1.2 NAME			è
STREET ADDRESS	6515 COLLINS AVE	1	1.3 STREET ADDRESS	19505 COLINS AUE	2// 0	Ü
CITY-ST-ZIP	MIAMI BCH, FL 00000	in out the	1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33	Change ☐ Addition	Ç
TITLE	DP		2.1 ਜਜLE			
NAME	BROWN, JACK N	_	2.2 NAME	_		
STREET ADDRESS	-6515 COLLINS AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH, FL 00000		2, 4 CiTY-ST-ZiP		Change Addition	
TITLE	D		3.1 TITLE	DS.	CT Criange CT Addition	
NAME	BROWN, DALE	4	3.2 NAME	DALE BROWN 19505 COLLINS AUE	,	
STREET ADDRESS	6515 COLLINS AVENUE		3.3 STREET ADDRESS	19363 2022/23 402		
CITY-ST-ZIP	MIAMI BCH. FL.		3.4. CITY-ST-ZIP	MIAMI BEACH, FL.	Change Addition	
TITLE			4.1 TITLE	1 1 3	L_I criatige [PAddition]	
NAME			4. 2 NAME	JEFFREY BROWN		
STREET ADDRESS			4.3 STREET ADDRESS	19505 COLLINS AVE	33// 2	
CITY-ST-ZIP .	·		4.4 CITY-ST-ZIP	MIAMI BEACH, FL	Characo D Addition	
TITLE	<u>.</u>		5.1 TITLE		☐ Change ☐ Addition	
NAME	•		5.2 NAME		1	
STREET ADDRESS	• •		5.3 STREET ADDRESS]	
CITY-ST-ZIP			5.4 CiTY-ST-ZiP	<u></u>	Chapte	
TITLE	•		6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		. l	
STREET ADDRESS	,		6.3 STREET ADDRESS]	
CITY OT 7ID	* *		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, with all other like empowered.

SIGNATURE: