

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

FILED

Jan 21 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 # 523832 (4)
1. Corporation Name
6767 NORTH OCEAN BOULEVARD, INC.



Principal Place of Business
6767 N. OCEAN BLVD.
OCEAN RIDGE FL 33435

Mailing Address
6767 N. OCEAN BLVD.
OCEAN RIDGE FL 33435-3314

3. Date Incorporated or Qualified
01/14/1977

3a. Date of Last Report
01/25/1996

4. FEI Number
59-1855761

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

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

CHAPIN, ROBERT D.
1201 NE 8TH ST
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REGAN, JOHN M.	
STREET ADDRESS	6767 N. OCEAN BLVD	
CITY - ST - ZIP	OCEAN RIDGE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CANNON, GEORGE W.	
STREET ADDRESS	6767 N. OCEAN BLVD	
CITY - ST - ZIP	OCEAN RIDGE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GARTHWAITE, JR. A	
STREET ADDRESS	6767 N. OCEAN BLVD	
CITY - ST - ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNIGHT, ROBERT H.	
STREET ADDRESS	6767 N. OCEAN BLVD	
CITY - ST - ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STIMPSON, HARRY F., JR.	
STREET ADDRESS	6767 N. OCEAN BLVD.	
CITY - ST - ZIP	OCEAN RIDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

JOHN M. ROGAN

SIGNATURE AND TITLE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

Date

(561) 337-5557

Daytime Phone #

CR2E034 (9/96)