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

Mailing Address

6767 N. OCEAN BLVD. OCEAN RIDGE FL 33435

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 523832

1. Corporation Name

Principal Place of Business 6767 N. OCEAN BLVD.

OCEAN RIDGE FL 33435

6767 NORTH OCEAN BOULEVARD, INC.

					3. Date Incorporated or Qualifed			
				01/14/1977	- I I A	E. 1 E		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	<u> </u>	plied For	
21		26			59-1855761		ot Applicable	
_		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re		
22		27				<del></del>		
		City & State	City & State		6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Int		MNo	
24	25	29 30	)		Personal Property Tax.	Yes	AINO	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
				81 Name				
CHAPIN, ROBERT D.			82	Street A	ddress (P.O. Box Number is Not Acceptable)			
1201 NE 8TH ST				ou out /				
DELRAY BEACH FL 33444			83		a i i i i i i i i i i i i i i i i i i i		_	
			84	City	FL	85 Zip (	Code	
A Discuss to the exprisions of Sections 607.0502 and 607.1508. Florida Statutes the above-named comporation submits this statement for the purpose of changing its registered								
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-lattice 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			nt signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DC IN 12	
12.	OFFICERS AND	DELETE	13.	- 1	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	
TITLE	PD	☐ DELETE	1.1 TITLE 1.2 NAME					
NAME	CANTON, GEOTIGE III.							
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP				T-ZIP	· · · · · · · · · · · · · · · · · · ·		- 1 1 mg	
TITLE	VD X X X X X ELETE 2.1					Change	☐ Addition	
NAME	GARTHWAITE, JR. A							
STREET ADDRESS	6767 N. OCEAN BLVD			ADDRESS				
CITY-ST-ZIP	OCEAN RIDGE FL 33435		2.4 CITY-ST-ZIP		<u> </u>		·	
TITLE			3.1 TITLE		VD	Change	☐ Addition	
NAME	<del>-</del>		3.2 NAME	[	Knight, Robert H.		j	
STREET ADDRESS			3.3 STREET		<del>-</del>			
CITY-ST-ZIP			3.4. CITY-S	- 1	6767 N. Ocean Blyd. Ocean Ridge, FL 33435		,	
TITLE			4.1 TITLE			Change	☐ Addition	
	STIMPSON, HARRY F., JR.		4. 2 NAME					
NAME	· ·			ADDDECD				
STREET ADDRESS	0707 71. 002741 0210.		4.3 STREET	- 1				
CITY-ST-ZIP	OCEAN RIDGE FL	☐ DELETÉ	4.4 C/TY-S	1-ZIP		Change	Addition	
TITLE			5.1 TITLE 5.2 NAME		D Gambharaite Ann B		A	
NAME			5.3 STREE		Garthwaite, Ann B.			
STREET ADDRESS					6767 N. Ocean Blyd Ocean Ridge, FL 33435			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		- Channe	M Addition	
TITLE		☐ DELETE	6.1 TITLE		D	Change	Addition	
NAME			6.2 NAME		Regan, John M., Jr.			
STREET ADDRESS			6.3 STREE	ADDRESS	6767 N. Ocean Blvd.		}	

6.4 CITY-ST-ZIP

**FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90202 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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 of 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 changes from an attachment with an address, with all other like empowered.

Ocean Ridge, FL 33435

SIGNATURE:

Georgevin Cannon ECOIRED

January 15, 1999 (561)737-