Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90094 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 660932

1. Corporation Name

THE TOWN OF OJUS, INC.

Principal Plac	e of Business	Mailing Address								
1025 COUNTRY	CLUB DRIVE	1025 COUNTRY CLUB DRIV	VΕ							
APT. 304X APT. 304X APT. 3063-3251 APT. 3063-3251 MARGATE FL 33063-3251						DO NOT WRITE IN	THIS SPACE			
MARGATE FL 33063-3251 MARGATE FL 3306				-		3. Date Incorporated or Qualifed		· -		=
00		•				03/28/1980				
2 Principal P	Place of Business	2a. Mailing Address			-	4. FEI Number		Appli	ed For	
21	1000 01 200111000	26				59-2821048			Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				_	\$8.		ditional	
22		27				5. Certificate of Status Desired		e Requ	I	
City & Stat	te	City & State				6. Election Campaign Financing	\$5	00 м	av Be	
23		28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country			•	This corporation owes the current year Intangible				
24 25		29 30				Personal Property Tax. Yes No				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regist	ered Agent			
				81	Name					
	SSERBERG, MICHAEL B.			82	Stroot Addi	ress (P.O. Box Number is Not Acceptable)				
1025 COUNTRY CLUB DRIVE				"	Queer Audi	ress (1 .O. Box Humbor to Hot Acceptable)				
MAF	RGATE FL 33063-3251			83					(
					0"		lasi	Zip Co	do	
				84	City		FL 85	Zip Cu	de	
=11Pursuant	to the provisions of Sections 607 0500	2:and-607-1508-Florida:Statut	es-the al	pove-i	named.corp	poration submits this statement for the purpo	se of changir	g.its.re	gistered	_
office or t	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was a	uthorized	i by th	ne corporation	on's board of directors. I hereby accept the	appointment :	as regis	stered	
_		10/10 01, Ocollon 001 .5000, 1 10								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agent s	signature require	ad when reinstating) DA	TE			
12.	OFFICERS AN	D DIRECTORS	13,			ADDITIONS/CHANGES TO OFFICER	S AND DIRE	CTOR		
TITLE	P	☐ DELETE 1.1 TIT		TLE .			☐ Cha	nge	Addition	:
NAME	Wasserberg, Michael B.	1	1.2 NA	AME.			_			
STREET ADDRESS	1025 COUNTRY CLUB DR.			DEET A	ODRESS					i
CITY-ST-ZIP	MARGATE FL 33063-3251		1.55	IVEE I A			-		}	
TITLE	T v			TY-ST-	ZIP	-		_		
NAME		☐ DELETE		TY-ST-	ZIP		Cha	nge	Addition	
STREET ADDRESS	WASSERBERG, EUGENE I.	☐ DELETE	1.4 CF	TY-ST-2 TLE	ZIP	<u></u>	Cha	nge	Addition	
	WASSERBERG, EUGENE I. 30 SHADOWOOD LANE	☐ DELETE	1.4 CF 2.1 TIT 2.2 NA	TY-ST-2 TLE NME	ZIP DDRESS	·	Cha	nge	Addition	
•	30 SHADOWOOD LANE	☐ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST	TY-ST-2 TLE NME	ODRESS .	·	_ Cha	nge	Addition	
CITY-ST-ZIP	1	☐ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST	TY-ST- TLE NME TREET A TTY-ST-	ODRESS .	<u> </u>	☐ Cha		Addition	
CITY-ST-ZIP	30 SHADOWOOD LANE		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF	TY-ST- TLE AME TREET A TTY-ST- TLE	ODRESS .					
CITY-ST-ZIP TITLE NAME	30 SHADOWOOD LANE WAUPACA WI 34981		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA	TY-ST-Z TLE AME TREET A TTY-ST- TLE AME	ODRESS .					
CITY-ST-ZIP TITLE NAME STREET ADDRESS	30 SHADOWOOD LANE WAUPACA WI 34981		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST	TY-ST-Z TLE AME TREET A TTY-ST- TLE AME	ADDRESS					
CITY-ST-ZIP TITLE NAME	30 SHADOWOOD LANE WAUPACA WI 34981		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST	TY-ST-ILE AME TREET A TY-ST- TLE AME TREET A	ADDRESS ADDRESS ADDRESS			nge		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	30 SHADOWOOD LANE WAUPACA WI 34981		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4. CF	TY-ST-ILE TREET A TILE TREET A TILE TREET A TILE TREET A TILE TREET A	ADDRESS ADDRESS ADDRESS		☐ Cha	nge	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	30 SHADOWOOD LANE WAUPACA WI 34981		1.4 CT TIT 2.2 NA 2.3 ST 2.4 CT 3.1 TIT 3.2 NA 3.3 ST 3.4 CT 4.1 TIT 4.2 NV	TY-ST- TLE AME TREET A TLE AME TREET A TLE AME TREET A TLE AME TREET A TLE AME	ADDRESS ADDRESS -ZIP		☐ Cha	nge	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	30 SHADOWOOD LANE WAUPACA WI 34981		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4. CF 4.1 TH 4.2 NV 4.3 ST	TY-ST- TLE TREET A TTY-ST- TLE TREET A TTY-ST- TLE AME TREET A	ADDRESS		☐ Cha	nge	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	30 SHADOWOOD LANE WAUPACA WI 34981		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CF 3.1 TH 3.2 NA 3.3 ST 3.4. CF 4.1 TH 4.2 NV 4.3 ST	TY-ST-ILE AME TREET A TY-ST-ILE AME TY-ST-ILE AME TY-ST-ILE TREET A TY-ST-ILE	ADDRESS		☐ Cha	nge	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	30 SHADOWOOD LANE WAUPACA WI 34981	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CF 3.1 TII 3.2 NA 3.3 ST 3.4. CF 4.1 TII 4.2 NV 4.3 ST 4.4 CF	TY-ST-ILE ME TREET A TTY-ST-ILE AME TREET A TTY-ST-ILE TREET A TTY-ST-ILE	ADDRESS		□ Cha	nge	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	30 SHADOWOOD LANE WAUPACA WI 34981	DELETE	1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA	TY-ST-ILE AME TREET A TTY-ST-ILE AME TREET A TTY-ST-ILE AME TREET A TTY-ST-ILE AME TREET A TTY-ST-ILE AME	ADDRESS		□ Cha	nge	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	30 SHADOWOOD LANE WAUPACA WI 34981	DELETE	1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.3 ST	TY-ST-ILE AME TREET A TTY-ST-ILE AME TREET A TTY-ST-ILE AME TREET A TTY-ST-ILE AME TREET A TTY-ST-ILE AME	ADDRESS ADDRESS ADDRESS ZIP ADDRESS		□ Cha	nge	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	30 SHADOWOOD LANE WAUPACA WI 34981	DELETE	1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.3 ST	TY-ST TLE TREET A TTY-ST- TLE AME TTY-ST- TLE AME TTY-ST- TLE TTY-ST- TLE TTY-ST- TLE TTY-ST- TTY-ST- TTY-ST- TTY-ST- TTY-ST-	ADDRESS ADDRESS ADDRESS ZIP ADDRESS		□ Cha	nge	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	30 SHADOWOOD LANE WAUPACA WI 34981	DELETE	1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 5.2 NA 5.3 ST 5.4 CI	TY-ST-ILE	ADDRESS ADDRESS ADDRESS ZIP ADDRESS		☐ Cha	nge	Addition Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	30 SHADOWOOD LANE WAUPACA WI 34981	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2. 4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 CC 4.1 TII 5.2 NA 5.3 ST 5.4 CC 6.1 TII 6.2 NA	TY-ST-; TILE AME TY-ST-, TILE AME	ADDRESS ADDRESS ADDRESS ZIP ADDRESS		☐ Cha	nge	Addition Addition	

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 for on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP