

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 689961

(1)

1. Corporation Name

OCEAN RIDGE TRAVEL, INC.



Principal Place of Business

211 S. FEDERAL HWY. B-4
BOYNTON BEACH FL 33435

Mailing Address

211 S. FEDERAL HWY. B-4
BOYNTON BEACH FL 33435

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/22/1980

3a. Date of Last Report

03/14/1995

4. FEI Number

59-2030542

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

9. Name and Address of Current Registered Agent

MAASS, HAROLD G.
321 ROYAL POINCIANA PLZ, SOUTH
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 the legal date

(NOTE: Register Agent's name must be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DVS
BELL, PAUL L
114 MARLIN DR
OCEAN RIDGE, FL 00000

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DPT
BELL, ARLENE W
114 MARLIN DR
OCEAN RIDGE, FL 00000

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

Change Addition

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

Change Addition

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

Change Addition

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

Change Addition

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

Change Addition

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ARLENE W. BELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 29, 1996 (407) 732-7878

Daytime Phone #

CR2E034 (12/95)