SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (1) THE OCEAN MONARCH CONDOMINIUM INC. Principal Place of Business Mailing Address 133 N POMPANO BCH 133 N POMPANO BCH POMPANO BCH FL 33062 POMPANO BCH FL 33062 3. Date incorporated or Qualified 09/03/1965 3a. Date of Last Report 05/01/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1164790 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 \Box Trust Fund Contribution Added to Fees ZID Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B**1 Name CHARLES, GLORIA 82 Street Address (P.O. Box Number is Not Acceptable) 133 N POMPANO BCH BLVD **UNIT 1510** 83 900001890659 POMPANO BCH FL 33062 -07/11/96--01018--019 84 City ***61.25 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 7.1 11111 RESIDENT Change Addition TANNER, GLORIA NAME 1.2 NAME RICHARD 133 N. POMPANO BEACH BLVD. OMPANO BEACH BLYD STREET ADDRESS 13 STREET ADDRESS POMPANO BEACH FL 33062 APY# 1102 CITY-ST-ZIP 1.4 CITY - ST - ZIP THILE DELETE 2.14TILE Change Addition LINARDI-THOMAS, MARY LOU NAME 22 NAME 133 N POMPANO BCH STREET ADDRESS 2.3 STREET ADDRESS POMPANO BCH FL 33062 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE -D EDWARDS, JACKSON NAME 3.2 NAME 133 N POMPANO BCH BLVD 133 N. POHLAND BEACH STREET ADDRESS 3 3 STREET ADDRESS POMPANO BCH FL CITY-ST-ZIP 3.4. CITY - ST - ZIP VD TITLE DELETE 4.1 TITLE CHARLES, GLORIA NAME 4.2 NAME 133 N. POMPANO BCH BLVD. STREET ADDRESS 4.3 STREET ADDRESS 33 N. Pou POMPANO BCH FL CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE NAME TRUBIANA, JOE 5.2 NAME STREET ADDRESS 133 N POMPANO BCH 33 N POMPEN) 5.3 STREET ADDRESS POMPANO BCH FL 33062 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME LOCKE, JOHN 6.2 NAME 133 N POMPANO BCH STREET ADDRESS **63 STREET ADDRESS** POMPANO BCH FL 33062 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 Statules 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6.4.CITY-ST-ZIP Beth Chancett SIGNATURE:

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