


FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90049 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 709539					
1. Corporation Name THE OCEAN MONARCH CONDOMINIUM INC.					
Principal Place of Business 133 N POMPANO BCH POMPANO BCH FL 33062 US			Mailing Address 133 N POMPANO BCH POMPANO BCH FL 33062 US		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/03/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1164790	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TANNER, GLORIA 133 N. POMPANO BEACH BLVD. UNIT 1102 POMPANO BEACH FL 33062				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 617.0502 and 617.1508, 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 617.0503, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OPARA, RICHARD			1.2 NAME	EUGENE MAGRINI		
STREET ADDRESS	133 N. POMPANO BEACH BLVD.			1.3 STREET ADDRESS	133 N. POMPANO BEACH BLVD		
CITY-ST-ZIP	POMPANO BEACH FL 33062			1.4 CITY-ST-ZIP	POMPANO BEACH FL 33062		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MAGRINI, EUGENE			2.2 NAME	CARILLO TROBIANI		
STREET ADDRESS	133 N. POMPANO BEACH BLVD.			2.3 STREET ADDRESS	133 N. POMPANO BEACH BLVD		
CITY-ST-ZIP	POMPANO BCH FL			2.4 CITY-ST-ZIP	POMPANO BCH FL 33062		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	ALFRED LINDSEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KRAMM, WALLACE			3.2 NAME	133 N. POMPANO BEACH BLVD		
STREET ADDRESS	133 N POMPANO BCH			3.3 STREET ADDRESS	POMPANO BCH FL 33062		
CITY-ST-ZIP	POMPANO BCH FL 33062			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	ROBERT EVANS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TANNER, GLORIA			4.2 NAME	133 N. POMPANO BEACH BLVD		
STREET ADDRESS	133 N. POMPANO BEACH BLVD.			4.3 STREET ADDRESS	POMPANO BEACH FL		
CITY-ST-ZIP	POMPANO BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	ROBERT HINDON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RIFENBURGH, RICHARD			5.2 NAME	133 N. POMPANO BEACH BLVD		
STREET ADDRESS	133 N POMPANO BCH			5.3 STREET ADDRESS	POMPANO BCH, FL		
CITY-ST-ZIP	POMPANO BCH FL 33062			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINARDI-THOMAS, MARY LOU			6.2 NAME			
STREET ADDRESS	133 N. POMPANO BEACH BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL			6.4 CITY-ST-ZIP			

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED - PRESIDENT

3/10/99

954941 9289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)