FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:16

DOCUMENT # 758392 (5)

1. Corporation Name
OCEAN ISLES FISHING VILLAGE, INC.

Principal Place of Business	Mailing Address
10877 OVERSEAS HIGHWAY P.O. BOX 3425 MARATHON SHORES FL 33052	10877 OVERSEAS HIGHWAY P.O. BOX 3425 MARATHON SHORES FL 33052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1981
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2272186 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 10877 Overseas Hwy	26 10877 Overseas Hwy
Suite, Apt. #, etc. 22 Unit 1	Suite, Apt. #, etc. 27 P.O. Box 3425
City & State 23 Marathon Shores, FL.	City & State 28 Marathon Shores, FL.
Zip / Country 24 33052 / 25 U.S.A.	Zip / Country 29 33052 / 30 U.S.A.

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~GASS, CHARLES H.~~ ~~10877 OVERSEAS HWY., #19~~ ~~MARATHON SHORES FL 33050~~ STEWART, BETSY A. 10877 OVERSEAS HWY UNIT #2, MARATHON, SHORES, FL 33052	81 Name: STEWART, BETSY A. 82 Street Address (P.O. Box Number is Not Acceptable): 10077 Overseas Hwy 83 Marathon, Shores, FL. 84 City: MARATHON FL 85 Zip Code: 33052

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: BETSY A. STEWART — Betsy A. Stewart — MAY 10, 1995.
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	S/D	☒ Change ☐ Addition
NAME	KURTH, ROBERT	12 NAME	KURTH, ROBERT	
STREET ADDRESS	6089 NW 27TH ST	13 STREET ADDRESS	6089 NW 27TH ST.	
CITY-ST-ZIP	MARGATE FL	14 CITY-ST-ZIP	MARGATE, FL 33063.	
TITLE	~~VD~~	21 TITLE	P/D	☒ Change ☐ Addition
NAME	ROBAU, HENRY	22 NAME	ROBAU, HENRY	
STREET ADDRESS	8301 SW 30 STR	23 STREET ADDRESS	8301 SW 30 STREET	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI FL 33155	
TITLE	~~PD~~	31 TITLE	V/D	☒ Change ☐ Addition
NAME	~~RIST, DALE~~	32 NAME	GARCIA, CARLOS	
STREET ADDRESS	~~510 SE 9 AVE~~	33 STREET ADDRESS	7300 SW 115 STREET	
CITY-ST-ZIP	~~POMPANO BCH FL~~	34 CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	TD	41 TITLE	V/D	☒ Change ☐ Addition
NAME	RAMIREZ, FRED	42 NAME	RAMIREZ, FRED	
STREET ADDRESS	7225 SW 16TH ST	43 STREET ADDRESS	7225 SW 16th ST.	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	~~SD~~	51 TITLE	T/D	☒ Change ☐ Addition
NAME	~~TYTKO, STANLEY~~	52 NAME	LEONARD, JIM	
STREET ADDRESS	~~0143 WAREHAM RD~~	53 STREET ADDRESS	P.O. BOX 73 N/A	
CITY-ST-ZIP	~~PARMA OH~~	54 CITY-ST-ZIP	PORT FRANKS, ONTARIO CAN. NOM 2LO	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS	REMITTED BY MAY 1	63 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Henry Robau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 1995 305-232-4918
Date Daytime Phone #

000200