

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 758392 (5)
1. Corporation Name
OCEAN ISLES FISHING VILLAGE, INC.



Principal Place of Business

Mailing Address

**10877 OVERSEAS HWY
UNIT 1
MARATHON FL 33052
US**

**10877 OVERSEAS HWY
~~P O BOX 3425~~
MARATHON FL 33052
US**

3. Date Incorporated or Qualified

05/18/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2272186

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

10. Name and Address of New Registered Agent

**STEWART, BETSY A
10877 OVERSEAS HWY
MARATHON FL 33052**

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, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	KURTH, ROBERT	
STREET ADDRESS	6089 NW 27TH ST	
CITY - ST - ZIP	MARGATE FL	
TITLE	PD	☐ DELETE
NAME	ROBAU, HENRY	
STREET ADDRESS	8301 SW 30 STR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	GARCIA, CARLOS	
STREET ADDRESS	7300 SW 115TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	RAMIREZ, FRED	
STREET ADDRESS	7225 SW 16TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	☐ DELETE
NAME	LEONARD, JIM	
STREET ADDRESS	P O BOX 73	
CITY - ST - ZIP	PORT FRANKS ON	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	TD ☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	VD ☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betsy A. Stewart* **Betsy A. Stewart** **3-20-96** **305-743-5571**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)