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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 OBOX 3425~~ MARATHON FL 33050-3475 US

2. Principal Place of Business	2a. Mailing Address
21 10877 Overseas Hwy	26 10877 Overseas Hwy
Suite, Apt. #, etc. 22 1	Suite, Apt. #, etc. 27 1
City & State 23 Marathon, FL	City & State 28 Marathon, FL
Zip 24 33050 Country 25 Monroe	Zip 29 33050 Country 30 Monroe

3. Date Incorporated or Qualified: 05/18/1981
3a. Date of Last Report: 03/25/1996
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

STEWART, BETSY A
10877 OVERSEAS HWY
MARATHON FL 33052

10. Name and Address of New Registered Agent

81 Name: Fredrick D. Mehlhaff
82 Street Address (P.O. Box Number is Not Acceptable): 10877 Overseas Highway
83
84 City: Marathon **FL** 85 Zip Code: 33050

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: Fredrick D. Mehlhaff, General Manager — DATE: 3/8/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~SD~~	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	KURTH, ROBERT		1.2 NAME		
STREET ADDRESS	6089 NW 27TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	ROBAU, HENRY		2.2 NAME	Jose Salavarria	
STREET ADDRESS	8301 SW 30 STR		2.3 STREET ADDRESS	10814 SW 74th St.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33173	
TITLE	~~TD~~	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	GARCIA, CARLOS		3.2 NAME		
STREET ADDRESS	7300 SW 115TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	RAMIREZ, FRED		4.2 NAME		
STREET ADDRESS	7225 SW 16TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	LEONARD, JIM		5.2 NAME	Jeanne Cook	
STREET ADDRESS	P OBOX 73		5.3 STREET ADDRESS	277 N. Sackett St.	
CITY-ST-ZIP	PORT FRANKS ON		5.4 CITY-ST-ZIP	Marblehead, OH 43440	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Robert Kurth ROBERT KURTH, JR VP/Director 4/2/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0024819