FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # F06730

(8)

Mailing Address

OCEAN DEVELOPMENT, LTD., INC.

| FILED | | | | | | | | | | |
|---|------|--------|--|--|--|--|--|--|--|--|
| Jun 03 | 1997 | 8:00am | | | | | | | | |
| FILED Jun 03 1997 8:00am Secretary of State | | | | | | | | | | |

|--|--|

| 807 NW 10TH 1 HALLANDAU FL US | | 2003 ST. ANDREWS RD. HOLLYWOOD FL 33021-2 US | 1942 | | | | | • | | |
|---|--|---|----------------|-------------------|---------------|---|---------------------|---------------------------|---------------|--|
| •• | | | | | | 3. Date Incorporated or Qualified 11/25/1980 | 3a. Date of 05/01/1 | | loc | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Арр | lied For | |
| 21 | | 26 | | | | 59-2043551 | | Not. | Applicable | |
| Sulte, Apt. 4 | ¥, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | 3.75 Ad Fee Req | | |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | | 5.00 M Added to | | |
| Zip | Country | Zip Coun | | | | 8. This corporation has liability for intangible tax under s. 199.032 | | | | |
| 24 | 25 | 29 | 30 | | | Florida Statutes Yes No | | | | |
| | 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | |
| STE\ | NART, STEPHEN | | | 31 N | lame | | | | | |
| 2003 | ST. ANDREWS RD. LYWOOD FL 33021 | | 1 | 32 S | Street Add | dress (P.O. Box Number is Not Acceptable | e) | | | |
| HOL | L111100D L 0002 | | 1 | 33 | | | · · · · · · · | | | |
| i Stanton Liveriore | | | 1 | 34 C | City | | FL 85 | Zip Co | ode | |
| 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Fiorida 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 | | | | | | | | | | |
| | Signature, typod or printed name of registered age | | | Agent 5 | ignature ruqi | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE | COTOBO | | |
| 12. | S OFFICERS AN | D DIRECTORS DELETE | 13. | c . | | ADDITIONS/CHANGES TO OFFICE | | | Addition | |
| TITLE | STEWART, STEPHEN | | | - | | | | nango | | |
| NAME | 2003 ST. ANDREWS RD. | | 1 2 NAM | | | | | | | |
| STREET ADDRESS | HOLLYWOOD FL | | 13 STR | | | | | | | |
| CITY-ST-ZIP | HOPPINOODIC | DELETE | 2 1 111 | Y - ST - Z | 1P | | | hange | Addition | |
| TITLE | STEWART, MONTAGUE | N DELL'IE | | | | 7 | | nange | - Address | |
| NAME | | 100 | | 22 NAME | | Deceased | | | | |
| STREET ADDRESS | LIÓI I MUCON EL | | | 23 STREET ADDRESS | | - CHSED | | | | |
| CITY-ST-ZIP | TOLLI TOOD FL | DELETE | 2. 4 CIT | | 71P | | <u> </u> | hange | Addition | |
| TITLE | STEWART, LILLIAN | ב_ טבנבונ | 3.1 THE | | 1 | | | nange | C.,; Addition | |
| NAME | 380 NORTH HILLS DRIVE #40 | 10 | 3.2 NAM | | | | | | | |
| STREET ADDRESS | HOLLYWOOD FL | /0 | 3.3 STR | | | | | | | |
| CITY-ST-ZIP | HOLLINOOD I'L | DELFTE | | Y-51-2 | ZIP | | | Change | Addition | |
| TITLE | | DECTE | 4.1 1110 | | | | | mange | | |
| NAME | | | 4. 2 NA | | | | | | | |
| STREET ADDRESS | | | | EET ADI | 1 | | | | ļ | |
| :CITY-ST-ZIP | | DELETE. | | Y - ST - Z | 'IP | | T 7 | Change | Addition | |
| TITLE | | ☐ DELETE | 5.1 TITE | | | | ۱ اسیا | manye | ☐ ¥òoutou | |
| NAME | | | 5.2 NAM | | | | | | | |
| STREET ADDRESS | | | | EET AD | | | | | 1 | |
| CITY-ST-ZIP | | Decement of the second of the | | Y - ST - Z | IP . | | <u> </u> | hance | Addition | |
| TALE | | ☐ DELETE | 6.1 TITI | | | | | Change | ☐ Addition | |
| NAME | | \wedge | 6.2 NAI | | | | | | | |
| STREET ADDRESS | | 1.1 | 6.3 STF | EET AD | ORESS | | | | | |
| CITY-ST-ZIP | | X // - | | Y - S1 - Z | | - d la Cardian 110 07/07/0 Frankla Cardia | 1 6. wth | 6. 1 1 m 4 11 | | |
| 14. i do hereb | by certify that the information supplie | ea with this till of doors not qua | auty for the 6 | exemp | otion state | ed in Section 119.07(3)(i), Florida Statutes | s. i juriner cert | ну тпат tr | 16 | |

I do hereby certify that the information supplied with his stiling doors 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 supplements around 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 of efficiency empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an anadomy of partition address.