

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
LAWRENCE M. SHEPPARD
Secretary of State
RECEIVED IN FLORIDA SECRETARY OF STATE
MAY 11, 1995

DOCUMENT # G06300

(9)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED BY
AM 11:26

OCEAN HARBOUR VIEW, INC.

201 FISHERMANS WHARF
FT PIERCE FL 34950-9112

201 FISHERMANS WHARF
FT. PIERCE FL 34950-9112

ORIGINALLY FILED

2. Name and Address of Business	28. Mailing Address	3. Date Incorporation Recorded	38. Date of Last Report
21. 201 FISHERMAN'S WHARF	26. 201 FISHERMAN'S WHARF	10/28/1982	04/25/1994
22. City & State	27. State, Apt. No.	4. Filing Number	49-2770639
23. City & State	28. City & State	5. Corporate or State Tax Exempt	\$8.75 Additional Fee Required
24. FT. PIERCE FL	29. FT. PIERCE FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	30. FL	7. This corporation has liability for contingent tax under S. 1971 (P) Plan for Voluntary	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ZODA, SANTO J
2400 S. OCEAN DR., #S
FT. PIERCE FL 33450

10. Name and Address of New Registered Agent

81. Name	82. Street Address, P.O. Box Number, if Not Acceptable
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 83.061 and 802.17(h) Florida Statutes, the above named corporation submits the 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. Thereby, I accept the appointment as registered agent. I am satisfied and accept the obligations of the law of the state of Florida Statutes.

SIGNATURE:

4-18-94

12. OFFICER(S) AND DIRECTOR(S)	13. ADDITIONAL CHANGING OFFICER(S) AND DIRECTOR(S)	
1301 VP ZODA, RITA 201 FISHERMAN'S WHARF FT PIERCE FL	131 NAME 132 NAME 133 OTHER ADDRESS 134 CITY, ST, ZIP	135 Change <input type="checkbox"/> Addition <input type="checkbox"/>
1302 P ZODA, SANTO 201 FISHERMAN'S WHARF FT PIERCE FL	136 NAME 137 OTHER ADDRESS 138 CITY, ST, ZIP	139 Change <input type="checkbox"/> Addition <input type="checkbox"/>
1303 V ZODA, JOHN 1425 33RD AVE. S.W. VERO BCH. FL	140 NAME 141 NAME 142 OTHER ADDRESS 143 CITY, ST, ZIP	144 Change <input type="checkbox"/> Addition <input type="checkbox"/>
1304 V ZODA, JAMES 8430 HIDDEN PINES RD. FT. PIERCE FL	145 NAME 146 NAME 147 OTHER ADDRESS 148 CITY, ST, ZIP	149 Change <input type="checkbox"/> Addition <input type="checkbox"/>
1305 T MIDDLETON, LORI 3216 1ST ST. VERO BCH. FL	150 NAME 151 NAME 152 OTHER ADDRESS 153 CITY, ST, ZIP	154 Change <input type="checkbox"/> Addition <input type="checkbox"/>
1306	155 NAME 156 NAME 157 OTHER ADDRESS 158 CITY, ST, ZIP	159 Change <input type="checkbox"/> Addition <input type="checkbox"/>
1307	160 NAME 161 NAME 162 OTHER ADDRESS 163 CITY, ST, ZIP	164 Change <input type="checkbox"/> Addition <input type="checkbox"/>
1308	165 NAME 166 NAME 167 OTHER ADDRESS 168 CITY, ST, ZIP	169 Change <input type="checkbox"/> Addition <input type="checkbox"/>
1309	170 NAME 171 NAME 172 OTHER ADDRESS 173 CITY, ST, ZIP	174 Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I, therefore, certify that the information supplied with this filing is voluntarily furnished and given in good faith for the exception(s) stated in law having thereto. I, Santo J. Zoda, certify that the information indicated on the 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 the officer or director of the corporation or its representative empowered to execute the report as required by Chapter 83 of Florida Statutes, and that no other appears on this document. I also declare that I am affiliated with all officers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-465-1334