

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

FILED

Feb 16 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moulton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G06300 (9)			
1. Corporation Name OCEAN HARBOUR VIEW, INC.			
Principal Place of Business 201 FISHERMANS WHARF FT. PIERCE FL 34950-9112		Mailing Address 201 FISHERMANS WHARF FT. PIERCE FL 34950-9112	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1050 EASTER LILY LANE Suite, Apt. #, etc.		2a. Mailing Address 26 1050 EASTER LILY LANE Suite, Apt. #, etc.	
22 City & State 23 VERO BEACH, FL. 24 32963 Country		27 City & State 28 VERO BEACH, FL. 29 32963 Country	
25 INDIAN RIVER		30 INDIAN RIVER	
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 JOHN ZODA 82 Street Address (P.O. Box Number is Not Acceptable) 285 32ND CT, S.E. 83 84 City VERO BEACH FL 85 Zip Code 32968	
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 <i>[Signature]</i>		DATE 1-9-98	
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZODA, JOHN	1.2 NAME	
STREET ADDRESS	285 32ND COURT, S.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZODA, JAMES	2.2 NAME	
STREET ADDRESS	271 S. 18TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLETON, LORI	3.2 NAME	
STREET ADDRESS	1245 6TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i>		DATE 1/9/98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 561-231-4728	

CR2E034 (10/97)