FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J24694** **(8)**

1. Corporation Name
OCEANSIDE REALTY OF JUPITER, INC.

Principal Place of Business
% CLAUDETTE GUINN
725 N. A1A, SUITE E108
JUPITER FL 33477
US

Mailing Address
% CLAUDETTE GUINN
725 N. A1A, SUTIE E108
JUPITER FL 33477
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1986
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business
21
Suite Apt. # etc.
22
City, State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. # etc.
27
City, State
28
Zip 29 County 30

4. FEI Number: 59-2698349 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Fund 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

GUINN, CLAUDETTE
725 N. A1A
SUITE 3108
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the power conferred upon me by Section 607.0505 Florida Statutes, the undersigned, being the president of the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida and the undersigned, being the president of the corporation, hereby accepts the appointment as registered agent. I am familiar with and accept the obligations of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE DP
NAME GUINN, CLAUDETTE
ADDRESS 725 N. A1A, STE. 108
CITY JUPITER FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TYPE ☐ Change ☐ Addition
NAME
ADDRESS
CITY

TYPE ☐ Change ☐ Addition
NAME
ADDRESS
CITY

TYPE ☐ Change ☐ Addition
NAME
ADDRESS
CITY

TYPE ☐ Change ☐ Addition
NAME
ADDRESS
CITY

TYPE ☐ Change ☐ Addition
NAME
ADDRESS
CITY

TYPE ☐ Change ☐ Addition
NAME
ADDRESS
CITY

14. I hereby, with full knowledge of the penalty for false statements, hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute an affirmation under the penalties for perjury that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes and that my name appears above, or on attachments hereto, is indicated as such.

SIGNATURE: Claudette Guinn Claudette Guinn 4/25/95 (407) 746 1476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0430510 FP