

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

AMMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K33800

1. Corporation Name

OCEANSIDE MOTEL INC.

Principal Place of Business

Mailing Address

315 CLEVELAND STREET
HOLLYWOOD, FLORIDA 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

1-01-88

02-96

4. FID Number

65-0078751

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

10. Name and Address of New Registered Agent

81. Name

MARK BESSETTE

82. Street Address (P.O. Box Number is Not Acceptable)

315 CLEVELAND STREET

83. City

HOLLYWOOD

84. State

FL

85. Zip Code

33019

2. Principal Place of Business

21. 315 CLEVELAND ST.

Suite, Apt. #, etc.

22. City & State

HOLLYWOOD FL

23. Zip

33019

24. Country

USA

2a. Mailing Address

26. 315 CLEVELAND ST.

HOLLYWOOD FL. 33019

27. Suite, Apt. #, etc.

28. City & State

HOLLYWOOD FL

29. Zip

33019

30. Country

USA

9. Name and Address of Current Registered Agent

LOUISE BESSETTE
CLEVELAND STREET
HOLLYWOOD FL. 33019

11. Pursuant to the provisions of Sections 607.012 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 agree to comply with the provisions of Sections 607.012 and 607.1508, Florida Statutes.

SIGNATURE

MARK BESSETTE PRESIDENT

08/04/96

12. OFFICERS AND DIRECTORS

TITLE VICE-PRESIDENT, DIRECTOR
NAME KATHLEEN BESSETTE
STREET ADDRESS 5055 MILLES VOIES #304
CITY, ST, ZIP ST-LEONARD QUEBEC, CANADA N1S-3M1

TITLE TREASURER, DIRECTOR
NAME Steve Bessette
STREET ADDRESS 315 Cleveland St
CITY, ST, ZIP Hollywood, FL 33019

TITLE Secretary, DIRECTOR
NAME Jennifer Bessette
STREET ADDRESS 315 Cleveland St.
CITY, ST, ZIP Hollywood, FL 33019

TITLE President, DIRECTOR
NAME Mark D. Bessette
STREET ADDRESS 315 Cleveland St.
CITY, ST, ZIP Hollywood, FL 33019

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

000001938300

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*****70.00 *****70.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report and supplemental annual report is true and accurate and that my signature shall make the same legally effective. I am an officer or director or claim to be an officer or director or trustee or authorized person to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, change or addition, or both, in the attachment within addresses.

SIGNATURE: MARK BESSETTE PRESIDENT 08/04/96 154-922-6954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

711 AUG 27 1996