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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **K33800**

1. Corporation Name

OCEANSIDE MOTEL, INC.

## **FILED** Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90078 025 \*\*\*150.00



| Principal Place   | e of Business  | Maning Address  |   |  |                                   |                                     | •                                       |
|---|--|---|---|--|-----------------------------------|-------------------------------------|---|
| 315 CLEVELAND   |  | 315 CLEVELAND ST  |   |  |                                   |                                     |   |
| HOLLYWOOD F   | L 33019  | HOLLYWOOD FL 33019  |   | DO NOT WRITE IN TH   | IIS SPACE                         |                                     |   |
| ,   | . `  |   |   | 3. Date Incorporated or Qualifed   |                                   |                                     |   |
|   |  |   |   | 09/23/1988   |                                   | {                                   |   |
| 2. Principal Pl   | lace of Business   | 2a. Mailing Address   |   | 4. FEI Number  | App                               | lied For                            |   |
| 21 601  | N 10 7th St  | 26 P.O. G   | x <i>22</i> .1605   | 65-0078751   | Not                               | Applicable                          |   |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.   |   | 5. Certifcate of Status Desired  | \$8.75 A                          | I .                                 |   |
| 22  |  | 27  |   | 5. Certificate of Status Desired   | Fee Red                           | uired                               |   |
| City & State  | e  | City & State  | 11  | 6. Election Campaign Financing   | ` \$5.00 h                        | ,                                   |   |
| 23 DCur   | nia Fl Israubid  | ,28 Hollywa   | <u> </u>  | Trust Fund Contribution  | Added to                          | Fees                                |   |
| Zip   | Country  | Žip ,   | Country   | 8. This corporation owes the current year  |                                   | ا                                   |   |
| 24 33 <u>00</u>   | 25 00000   | 29 30000  | 30 Brower C   |  |                                   | .⊒No                                |   |
|   | 9. Name and Address of Current   | Registered Agent  | 81 Name   | 10. Name and Address of New Registere  | ad Agent                          |                                     |   |
| BES   | SETTE, MARK P  |   | I Wallio  |  |                                   |                                     |   |
| 315 CLEVELAND STREET  |  |   | 82 Street Add   | Address (P.O. Box Number is Not Acceptable)  |                                   |                                     |   |
|   | LYWOOD FL 33019  |   | 83  |  |                                   |                                     |   |
|   | •  |   |   |  |                                   |                                     |   |
|   |  |   | 84 City   | F  | 85 Zîp C                          | ode                                 |   |
|   |  |   | {   |  |                                   |                                     |   |
| 11 Pursuant   | to the provisions of Sections 607 0502   | and 607 1508 Florida Statut   | es, the above-named cor   | rporation submits this statement for the purpose   | of changing its r                 | egistered                           |   |
| 11. Pursuant office or re   | to the provisions of Sections 607.0502 egistered agent, or both, in the State of   | and 607.1508, Florida Statut<br>Florida. Such change was a                                  | tes, the above-named con<br>authorized by the corporal  | rporation submits this statement for the purpose tion's board of directors. I hereby accept the app    | of changing its recontract as reg | egistered<br>istered                |   |
| agent. i ai   | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation  | and 607.1508, Florida Statut<br>Florida. Such change was a<br>ons of, Section 607.0505, Flo | es, the above-named cor<br>luthorized by the corporal<br>orida Statutes.  | rporation submits this statement for the purpose<br>tion's board of directors. I hereby accept the app | of changing its reg               | egistered<br>istered                |   |
| 11. Pursuant office or reagent. I as  | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat | ons or, Section 607.0305, Fic   | tes, the above-named cor<br>nuthorized by the corporal<br>orida Statutes.   | ired when reinstating) DATE  | <u></u>                           |                                     | 6                                       |
| agent. i ai   | m familiar with, and accept the obligate   | and title if applicable. (NOTE  | ilida Statut <del>es</del> .  |  | AND DIRECTOR                      | RS IN 12                            | (00)                                    |
| agent. I al   | Signature, typed or printed name of registered agent a OFFICERS AND  | and title if applicable. (NOTE  | E: Registered Agent signature requi   | ired when reinstating) DATE  | <u></u>                           |                                     | /44/00)                                 |
| agent. I all SIGNATURE  | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D  | and title if applicable. (NOTE  | :: Registered Agent signature requi   | ired when reinstating) DATE  | AND DIRECTOR                      | RS IN 12                            | 24 (4108)                               |
| SIGNATURE  12.  TITLE   | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | and title if applicable. (NOTE  | E: Registered Agent signature requi   | ired when reinstating) DATE  | AND DIRECTOR                      | RS IN 12                            | 744,000                                 |
| SIGNATURE  12.  TITLE  NAME   | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D  | and title if applicable. (NOTE DIRECTORS  | 13. 1.1 TITLE 1.2 NAME  | ired when reinstating) DATE  | AND DIRECTOR                      | RS IN 12                            | 000000000000000000000000000000000000000 |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | and title if applicable. (NOTE  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS   | ired when reinstating) DATE  | AND DIRECTOR                      | RS IN 12                            | CB2F034 /44/08)                         |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | and title if applicable. (NOTE DIRECTORS  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP   | ired when reinstating) DATE  | AND DIRECTOR                      | RS IN 12                            | (44,08)                                 |
| AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | and title if applicable. (NOTE DIRECTORS  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS   | ired when reinstating) DATE  | AND DIRECTOR                      | RS IN 12                            | CD2F024 /44 (00)                        |
| AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | ond title if applicable. (NOTE  DIRECTORS  DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP   | ired when reinstating) DATE  | AND DIRECTOR                      | RS IN 12 Addition Addition          | 141,000                                 |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | and title if applicable. (NOTE DIRECTORS  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.5 TREET ADDRESS 3.1 TITLE   | ired when reinstating) DATE  | AND DIRECTOR                      | RS IN 12                            | CD2F024 (44,08)                         |
| AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP   | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | ond title if applicable. (NOTE  DIRECTORS  DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 NAME   | ired when reinstating) DATE  | AND DIRECTOR                      | RS IN 12 Addition Addition          | 14 /44 /00)                             |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE   | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | ond title if applicable. (NOTE  DIRECTORS  DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS   | ired when reinstating) DATE  | AND DIRECTOR                      | RS IN 12 Addition Addition          | (90777777777777777777777777777777777777 |
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| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | ond title if applicable. (NOTE  DIRECTORS  DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE   | ired when reinstating) DATE  | AND DIRECTOR                      | RS IN 12 Addition Addition          | (00)147(00)                             |
| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | ond title if applicable. (NOTE  DIRECTORS  DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME  | ired when reinstating) DATE  | AND DIRECTOR Change Change        | RS IN 12 Addition Addition Addition | (00/11/100)                             |
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| AGENTURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | DIRECTORS  DELETE  DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP   | ired when reinstating) DATE  | AND DIRECTOR Change Change Change | RS IN 12 Addition Addition Addition | (44,000)                                |
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| AGENT TAIL  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                 | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | DIRECTORS  DELETE  DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME  | ired when reinstating) DATE  | AND DIRECTOR Change Change Change | RS IN 12 Addition Addition Addition | (44,60)                                 |
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| AGENT TAIL  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                 | Signature, typed or printed name of registered agent a OFFICERS AND PD BESSETTE, MARK D 315 CLEVELAND ST   | DIRECTORS  DELETE  DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME  | ired when reinstating) DATE  | AND DIRECTOR Change Change Change | RS IN 12 Addition Addition Addition | (80) 141,08                             |

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 receive 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 an attachment with an address, with all other like empowered.

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP