

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 26 AM 9:19

DOCUMENT # **K37495** (4)

1. Corporation Name

**OCEAN HARBOR SALES OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

2403 N. STATE ROAD 7  
MARGATE FL 33063

2403 N. STATE ROAD 7  
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1988

3a. Date of Last Report

03/24/1994

4. FBI Number

58-1811119

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

6. This corporation has liability for intangible tax under s. 189.052,  
Florida Statutes

☐

Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 5446 W. Sample Rd.

26 5446 W. Sample Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Margate FL

28 Margate FL

Zip

Country

Zip

Country

24 33073

25 FLA

29 33073

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES MCGOWAN  
2403 N. STATE RD 7  
MARGATE FL 33063

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                   |
|-----------------|-------------------|
| TITLE           | D                 |
| NAME            | MCGOWAN, JAMES E. |
| STREET ADDRESS  | 2711 NE 47 ST     |
| CITY - ST - ZIP | LIGHTHOUSE PT FL  |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |
| TITLE           |                   |
| NAME            |                   |
| STREET ADDRESS  |                   |
| CITY - ST - ZIP |                   |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 6.4 CITY - ST - ZIP |                                                                   |

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 110.07(3)(k), 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 both, in agreement with an address.

SIGNATURE:

SIGNATURE AND APPLIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6/20/95 X 3059694550  
Date (System Prints)

CR2E034 (3/95)