

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L58989 (9)

1. Corporation Name
BOCA SOUTH BY THE OCEAN, INC.



Principal Place of Business
% HEINRICH GRUENTHAL
1115 BEL AIR DR
HIGHLAND BEACH FL 33487

Mailing Address
% HEINRICH GRUENTHAL
1115 BEL AIR DR
HIGHLAND BEACH FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/21/1990

4. FEI Number
65-0270565

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 % STAN CLINGAN

2a. Mailing Address
26 % PETER SHISHKOV

Suite, Apt. #, etc.
22 1151 S.W. 30TH ST. STE. F
City & State
23 PALM CITY, FLORIDA

Suite, Apt. #, etc.
27 1185 LAKESHORE RD EAST
City & State
28 MISSISSAUGA, ONTARIO

Zip
24 34990
Country
25 U.S.A.

Zip
29 L5E 1G1
Country
30 CANADA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRUENTHAL, HEINRICH
1115 BEL AIR DR #6
HIGHLAND BEACH FL 33487

81 Name
STAN CLINGAN
82 Street Address (P.O. Box Number is Not Acceptable)
1151 S.W. 30TH STREET, SUITE F
83
84 City
PALM CITY
85 Zip Code
FL 34990

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 *Stan Clingan* STAN CLINGAN

4-27-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GRUENTHAL, HEINRICH
1115 BEL AIR DR
HIGHLAND BEACH FL ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SHISHKOV, PETER
1115 BEL AIR DR
HIGHLAND BEACH FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
P.D.
SHISHKOV, PETER
1185 LAKESHORE ROAD EAST
MISSISSAUGA, ONTARIO, L5E 1G1 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SHISHKOV, ALEXANDER
1115 BEL AIR DR
HIGHLAND BEACH FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
S.T.D.
SHISHKOV, ALEXANDER
1185 LAKESHORE ROAD EAST
MISSISSAUGA, ONTARIO, L5E 1G1 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

PETER SHISHKOV

April 27/98

(905) 771-9110

CR2E034 (10/97)