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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:37

DOCUMENT # M29931 (6)

1. Corporation Name
OCEAN BEACH RESORT, INC.

Principal Place of Business	Mailing Address
616 OCEAN BLVD. GOLDEN BEACH FL 33160	616 OCEAN BLVD. GOLDEN BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/03/1986
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business
21 6665 SKYLINE DRIVE
22 Suite, Apt. #, etc.
23 City & State: DELRAY BEACH FL
24 Zip: 33446 Country: 25

2a. Mailing Address
26 6665 SKYLINE DRIVE
27 Suite, Apt. #, etc.
28 City & State: DELRAY BEACH FL
29 Zip: 33446 Country: 30

4. FEI Number: 59-2678658 ☐ 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

9. Name and Address of Current Registered Agent

LIMOR, AVI
616 OCEAN BLVD.
GOLDEN BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: AVI LIMOR
82 Street Address (P.O. Box Number is Not Acceptable): 6665 SKYLINE DR
83
84 City: DELRAY BEACH FL 85 Zip Code: 33446

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: Avi Limor AVI LIMOR 2.5.95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required where applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	LIMOR, AVI	12 NAME	LIMOR, AVI	
STREET ADDRESS	616 OCEAN BOULEVARD	13 STREET ADDRESS	6665 SKYLINE DR	
CITY-ST-ZIP	GOLDEN BEACH FL	14 CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	LIMOR, LINE	22 NAME	LIMOR LINE	
STREET ADDRESS	616 OCEAN BOULEVARD	23 STREET ADDRESS	6665 SKYLINE DR	
CITY-ST-ZIP	GOLDEN BEACH FL	24 CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	YEKUEL, ILAN	32 NAME	YEKUEL ILAN	
STREET ADDRESS	616 OCEAN BOULEVARD	33 STREET ADDRESS	6665 SKYLINE DR	
CITY-ST-ZIP	GOLDEN BEACH FL	34 CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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.

SIGNATURE: Avi Limor AVI LIMOR 2.5.95 407-637-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172000 CP