

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M63441** (3)
1. Corporation Name
OCEANCOAST BUILDERS INC.



Principal Place of Business
**C/O DAVID CRISAFULLI
4640 LOTUS WAY
BOYNTON BCH. FL 33436**

Mailing Address
**C/O DAVID CRISAFULLI
4640 LOTUS WAY
BOYNTON BCH. FL 33436**

3. Date Incorporated or Qualified **12/09/1987** 3a. Date of Last Report **08/09/1995**

4. FEI Number **65-0059746** 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

2. Principal Place of Business
21 **Boca Raton**
Suite, Apt. #, etc.
22
City & State **Same** ←
23
Zip Country
24 25
2a. Mailing Address
26 **2920 NW Boca Raton Blvd #18**
Suite, Apt. #, etc.
27
City & State **Boca Raton, FL**
28
Zip Country
29 **FL 33431** 30 **USA**

9. Name and Address of Current Registered Agent

**CRISAFULLI, DAVID
4640 LOTUS WAY
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2920 NW Boca Raton Blvd #18
83
84 City **Boca Raton** FL 85 Zip Code **33431**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Stephanie Crisafulli*
Signature of signed or printed name of registered agent of this corporation

(If applicable, Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
D	CRISAFULLI, DAVID	4640 LOTUS WAY	BOYNTON BEACH FL	
VS	CRISAFULLI, STEPHANIE	4640 LOTUS WAY	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	☒ Change ☐ Addition
		2920 NW Boca Raton Blvd #18	Boca Raton FL 33431	
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☒ Change ☐ Addition
		2920 NW Boca Raton Blvd #18	Boca Raton, FL 33431	
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐ Change ☐ Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐ Change ☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐ Change ☐ Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐ Change ☐ Addition

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 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: *Stephanie Crisafulli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96

Daytime Phone #

CR2E034 (12/95)