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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

	1996	DIV	DIVISION OF CORPORATIONS				
DOCUI 1. Corporation	MENT # M970	60	(1)				
OCE/	AN HARBOR OF FT. MYER	S BEACH, INC					
Principal Place	of Business	Mailing Addre	SS				
P.O. BOX		P.O. BOX					
LEHIGH FL	. 33970	LEHIGH F	L 33970				
						3. Date Incorporated or Qualified 09/02/1988	3a. Date of Last Report 10/27/1995
2. Principal Pla	ace of Business	2a, Mailing Ad	dress			4. FEI Number	Applied For
Suite, Apt. (it old	26 Suite Act				65-0168344	Not Applicable
22 Suite, April 1	, etc.	Suite, Apt	#. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Stat	e			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28		Country		Trust Fund Contribution	Added to Fees
24	25	29	3			8. This corporation has liability for Florida Statutes Yes	intangible tax under s. 199.032, □ No
	9. Name and Address of Currer	nt Registered Agen	ol			10. Name and Address of New F	legistered Agent
• echai	TT MANIEDED E			81	Name		
SCHATZ, MANFRED E. 1140 LEE BLVD #103				82	Street Ac	ddress (P.O. Box Number is Not Acceptat	ole)
	H ACRES FL 33936			83	····		
				84	City		85 Zipi Code
11. Pursuant te	o the provisions of Sections 607,0502	and 607.1508, Flor	ida Statutes, t	lie above n	arned corp	poration submits this statement for the pur	Toose of changing its maistered office
Or register	ed agent, or both, in the State of Florid h, and accept the obligations of Sect	aa i Sacri Change wa	is authorized t	y the corpo	oration's bo	oard of directors. Thereby accept the applicant of the ap	pintment as registered agent. I am
SIGNATURE _	Swindful: Noted or contect name of acustomic addi-	and the majorimum	i mai de l'es			ome of what steenshaloup	5-22-41
12.	OFFICERS AN			13.	September 194	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	D	□ <u>(</u> 0	ELETE	1 1 THEE		7.1	☐ Change ☐ Addition
NAME STREET ADDRESS	SCHATZ, MANFRED E. 1140 LEE BLVD. 104			1.2 NAME	Inches:		
CITY-ST-ZIP	LEHIGH ACRES FL			1.3 STREET 1.4 City - \$1	1		
TITLE			ELETE	2 1 THEE		·	Change Addition
NAMÉ				2.2 NAME			
STREET ADDRESS				2.3 STREET.	1		
CITY-ST-ZIF TITLE			ELETE	24 City - St 3 1 Title	ZIF	·····	Change Addition
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STREET ADDRESS				33 STREET	ADDRESS		
CITY - ST - 2IP				34 CH1 - SI	-ZiP		
TITLE		[] DI	ELETE	4 1 TITLE			Change 📋 Addition
NAME				4.2 NAME			
STREET ADDRESS CITY-ST-ZIP				43 STREET	!		
TITLE			LETE	44 CITY - ST 5 1 TITLE	- 21-1		Change Addition
NAME				5.2 NAME			— • —
STREET ADDRESS				5 3 STHEFT A	ADDRESS .	4000018	43754
CITY-ST-ZIP				5.4 CITY - ST	- 7:P	-05/30/9601(
TITLE		<u> </u>	LEIE	6 1 liftE	ļ	***225.00	Change 🔲 Addition
NAME CINCEL ADDOCCO				6.2 NAME			
STREET ADDRESS City-St-Zip				63 STREET	!		
	certify that the information supplied v	with this filmous volu	ntarily f maisho	64 CrTr - ST	not a valifi	y for the exemption stated in Section 110	3737 Fred Co.

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). Fiorida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and trial 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 of his an address

GNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

SIGNATURE:

5-27-96 941-369-SPSP