

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N26055 (6)

1. Corporation Name

OCEAN VIEW DANCE CLUB, INC.

Principal Place of Business

Mailing Address

**C/O WALDECK ST MARTIN
4800 CURTIS AVE
LAKE WORTH FL 33463**

**C/O WALDECK ST MARTIN
4800 CURTIS AVE
LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1988

3a. Date of Last Report

04/13/1994

4. FEI Number

65-0080849

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$58.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ST MARTIN, WALDECK
4800 CURTIS AVE
LAKE WORTH FL 33463**

81 Name

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

83

84 City

FL

85 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ST MARTIN, WALDECK
STREET ADDRESS	4800 CURTIS AVE
CITY - ST - ZIP	LAKE WORTH FL
TITLE	VD
NAME	ARCOMONA, CHRIS
STREET ADDRESS	1908 MANNER AVE
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	TD
NAME	ST MARTIN, ANTIONETTE
STREET ADDRESS	4800 CURTIS AVE
CITY - ST - ZIP	LAKE WORTH FL
TITLE	SD
NAME	GROVE, MYRA
STREET ADDRESS	27714 DUDLEY EAST
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	SD
NAME	MONTGOMERY, JEANNE
STREET ADDRESS	422 1/2 BARNETT ST.
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	D
NAME	GRIFFIN, ROBELLE
STREET ADDRESS	1100 S OCEAN BLVD
CITY - ST - ZIP	PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	ECKHOLM, ANN
5.3 STREET ADDRESS	1505 GREST DRIVE
5.4 CITY - ST - ZIP	LAKE WORTH, FL 33461
6.1 TITLE	☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Antionette Morfitt

Antionette

4/13/95 (407) 433-9340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #