


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N26055** (6)

1. Corporation Name

**OCEAN VIEW DANCE CLUB, INC.**



Principal Place of Business

Mailing Address

**C/O WALDECK ST MARTIN  
4600 CURTIS AVE  
LAKE WORTH FL 33463**

**C/O WALDECK ST MARTIN  
4600 CURTIS AVE  
LAKE WORTH FL 33463-3460**

3. Date Incorporated or Qualified  
**04/22/1988**

3a. Date of Last Report  
**05/01/1996**

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ST MARTIN, WALDECK  
4600 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **WALDECK ST. MARTIN**  
Signature, typed or printed name of registered agent and title if applicable

**Waldock St Martin**  
NOTE: Registered Agent signature required when reinstating

**4/28/97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>PD</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>ST MARTIN, WALDECK</b> |                                 |
| STREET ADDRESS | <b>4600 CURTIS AVE</b>    |                                 |
| CITY-ST-ZIP    | <b>LAKE WORTH FL</b>      |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | <b>VD</b>                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>ARCOMONA, CHRIS</b>    |  |
| STREET ADDRESS | <b>1806 MANNER AVE</b>    |  |
| CITY-ST-ZIP    | <b>WEST PALM BEACH FL</b> |  |

|                    |  |
|--------------------|--|
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>GRiffin, ROBELLE</b>  |
| 2.3 STREET ADDRESS | <b>1509 WAGNER CIRCLE</b>  |
| 2.4 CITY-ST-ZIP    | <b>LAKE CLARK SHORES, FL.</b>  |

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>TD</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>ST MARTIN, ANTIONETTE</b> |                                 |
| STREET ADDRESS | <b>4600 CURTIS AVE</b>       |                                 |
| CITY-ST-ZIP    | <b>LAKE WORTH FL</b>         |                                 |

|                    |   |
|--------------------|---|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>SD</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>GROVE, MYRA</b>        |                                 |
| STREET ADDRESS | <b>27714 DUDLEY EAST</b>  |                                 |
| CITY-ST-ZIP    | <b>WEST PALM BEACH FL</b> |                                 |

|                    |   |
|--------------------|---|
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | <b>D</b>                | <input type="checkbox"/> DELETE |
| NAME           | <b>ECKHOLM, ANN</b>     |                                 |
| STREET ADDRESS | <b>1505 CREST DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>LAKE WORTH FL</b>    |                                 |

|                    |   |
|--------------------|---|
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | <b>D</b>                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>GRiffin, ROBELLE</b>  |  |
| STREET ADDRESS | <b>1100 S OCEAN BLVD</b> |  |
| CITY-ST-ZIP    | <b>PALM BEACH FL</b>     |  |

|                    |   |
|--------------------|---|
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | <b>D ARCOMONA, NICK</b>   |
| 6.3 STREET ADDRESS | <b>UNIT 48B</b>   |
| 6.4 CITY-ST-ZIP    | <b>516 So. East 27th TERRACE FL</b>                               |

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **WALDECK ST. MARTIN** **Waldock St Martin** **4/28/97**

CR2E037 (9/96)