FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	IVIEN # N2605	5 (6)							
OCEAN	VIEW DANCE CLUB, INC.								
Principal Place of Business Mailing Address						-			
C/O WALDECK ST MARTIN C/O WALDECK ST MARTIN			I			3. Date Incorporated or Qualified			
4600 CURTIS AVE 4600 CURTIS AVE LAKE WORTH FL 33463 LAKE WORTH FL 33463						04/22/1988			
EARE WORTH PL 33403						4. FEI Number	Applied For		
						65-0080849	Not Applicable		
Principal Place of Business 1		2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
City & State City & State						7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the curr	ent year Intangible		
24						Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent			
				81	Name	•			
	TIN, WALDECK			82 Street Address (P.O. Box Number is Not Acceptable)					
4600 CURTIS AVE				_					
LAKE WORTH FL 33463				83					
				84	City	FL	85 Zip Code		
11. Pursuant i office or re agent. I a	to the provisions of Sections 617.0503 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was a ations of, Section 617.0503, Flor	es, the ab uthorized rida State	oove d by utes.	-named corpo the corporatio	ration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its registered intraent as registered		
SIGNATURE									
	Signature, typed or printed name of registered age:			Agen	nt signature required	The state of the s			
12.	**************************************			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	PD MARTIN WALREON	☐ DELETE 1.1 TI				1	Change		
NAME	4000 ONETTO ALE			ŀ					
			ADDRESS						
CITY-ST-7IP	LAKE WORTH FL		14.00	V_ST	. 7IP				

SIGNATURE											
	Signature, typed or printed name of registered agent and title if applic		Registered Agent signature								
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	☐ DELETE	1.1 TITLE		Change	Addition					
NAME	ST MARTIN, WALDECK		1.2 NAME								
STREET ADDRESS	4600 CURTIS AVE		1.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP								
TITLE	VD	DELETE	2.1 TITLE		☐ Change	Addition					
NAME	GRIFFIN, ROBELLE		2.2 NAME								
Street address	1509 WAGNER CIRCLE		2.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE CLARK SHORES FL		2. 4 CITY-ST-ZIP	k³ sa							
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition					
NAME	ST MARTIN, ANTIONETTE		3.2 NAME								
STREET ADDRESS	4600 CURTIS AVE		3.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE WORTH FL		3.4. CITY-ST-ZIP								
TITLE	SD	DELETE	4.1 TITLE		Change	Addition					
NAME	GROVE, MYRA		4. 2 NAME								
STREET ADDRESS	27714 DUDLEY EAST		4.3 STREET ADDRESS								
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP								
TITLE	D	DELETE	5.1 TITLE		Спалде	Addition					
NAME	ECKHOLM, ANN		5.2 NAME	· ·							
STREET ADDRESS	1505 CREST DRIVE		5.3 STREET ADDRESS								
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY - ST - ZIP								
TITLE	D	DELETE	6.1 TITLE		Change	☐ Addition					
NAME	ARCOMONA, NICK		6.2 NAME								
STREET ADDRESS	516 S EAST 27TH TERRACE UNIT 48-B		6.3 STREET ADDRESS								
CITY-ST-ZIP	BOYNTON BCH FL		6.4 CITY-ST-7IP	•							

I 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WALDES

FILED

Feb 02 1998 8:00am

Secretary of State