

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 # **P19984** (4)

1. Corporation Name

OCWEN MANUFACTURING GROUP, INC.



Principal Place of Business

**1307 HILL AVENUE
MANGONIA PARK FL 33407**

Mailing Address

**1307 HILL AVENUE
MANGONIA PARK FL 33407**

3. Date Incorporated or Qualified
07/08/1988

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

21 **1675 PALM BEACH LAKES BLVD.**

2a. Mailing Address

26 **1675 PALM BEACH LAKES BLVD.**

4. FEI Number

65-0060363

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **STE. 1002**

Suite, Apt. #, etc.

27 **STE. 1002**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 **WEST PALM BEACH, FL**

City & State

28 **WEST PALM BEACH, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 **33401**

Country

25 **USA**

Zip

29 **33401**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ERBEY, JOHN R.
515 N. FLAGLER DR.
PAVILION 4TH FLOOR
WEST PALM BEACH FL 33401**

81 Name

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

1675 PALM BEACH LAKES BLVD., STE. 1002

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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, and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ERBEY, WILLIAM C.**
STREET ADDRESS **515 N. FLAGLER DR. P400**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
1.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **BROWN, RORY A.**
STREET ADDRESS **515 N. FLAGLER DR. P400**
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
2.4 CITY-ST-ZIP

TITLE **MCFO** ☐ DELETE
NAME **REICH, CHRISTINE A.**
STREET ADDRESS **515 N. FLAGLER DR. P400**
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
3.4 CITY-ST-ZIP

TITLE **SVP** ☐ DELETE
NAME **BARNES, JOHN R.**
STREET ADDRESS **515 N. FLAGLER DR. P400**
CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
4.4 CITY-ST-ZIP

TITLE **MS** ☐ DELETE
NAME **ERBEY, JOHN R.**
STREET ADDRESS **515 N. FLAGLER DR., P400**
CITY-ST-ZIP **WEST PALM BEACH FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
5.4 CITY-ST-ZIP

TITLE **SVPA** ☐ DELETE
NAME **WILHOIT, STEPHEN C.**
STREET ADDRESS **515 N. FLAGLER DR. P400**
CITY-ST-ZIP **WEST PALM BEACH FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **1675 PALM BEACH LAKES BLVD., STE. 1002**
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

407-681-8000

Date

Daytime Phone #

CR2E034 (12/95)