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CORPORATION
ANNUAL REPORT
1995



FLORIDA
CORPORATION
ANNUAL REPORT
1995
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

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DOCUMENT # P25789

(9)

1. Corporation Name

DRIFTWOOD ON THE OCEAN CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE CHURCH ST.
WEBSTER MA 01570-2502

Mailing Address

ONE CHURCH ST.
WEBSTER MA 01570-2502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/28/1989

3a. Date of Last Report
06/14/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip

4. FEI Number

04-3059368

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

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

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 under (registered agent's name) (not for use by agent)

(NOTE: Registered Agent Signature required when establishing)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
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96. CITY-ST-ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(e), Florida Statutes. I further certify that the information included in 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:

Emile N. Dupont, V Pres, TRES 2/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(508) 943-7160
Telephone Number