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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 29 1997 8:00am

Secretary of State

4-16.97 561-451-0230

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300076471 (0)

OCEAN REEF APARTMENT MANAGEMENT CORP.

Principal Place of Business Mailing Address 23123 S STATE RD 7 23123 S STATE RD 7 SUITE 255 SUITE-258 **BOCA RATON FL 33428 BOCA RATON FL 33428-5407** 3. Date Incorporated or Qualified Sa. Date of Last Report 11/04/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 43-1706171 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 301 उ 🗗 SUITE SUITE Fee Required City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes Yes No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GORDON, JAMES N 23123 S STATE RD 7 Street Address (P.O. Box Number is Not Acceptable) SUITE 255 83 **BOCA RATON FL 33428** JO / 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and title if applicable (NOTE_Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE GORDON, JAMES N NAME 1.2 NAME SuITE NO! 23123 SOUTH STATE RD 7 SUITE 255 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-7IP 1.4 CHTY-ST-ZIP TITLE DEL EYE 2.1 TITLE Change Addition SCHALLER, VERN NAME 2.2 NAME 23123 SOUTH STATE ROAD 7 SUITE 255 Swite 301 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-7IP 2. 4 CHY-\$T-ZIP TITLE DELETE 3.1 TITLE ☐ Change ■ Addition NAM5 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY - ST - ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City - St - ZiP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CiTY+ST- ZiP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS 6.4 CITY-ST-ZIP CITY - ST - ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges or on an attachment with an address.