FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000076471 (0)

OCEAN REEF APARTMENT MANAGEMENT CORP.

Principal Place of Business Mailing Address 23123 S STATE RD 7 23123 S STATE RD 7 SUITE 301 SUITE 301 BOCA RATON FL 33428 BOCA RATON FL 33428 US						DO NOT WRITE IN TO		
a Dringing of O	lass of D. piago	2a. Mailing Addres				11/04/1993 4. FEI Number	— т.	U 4 F.
2. Principal Place of Business		26			43-1706171	Applied For Not Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.			-			Additional
22	#, E .G.	27				5. Certificate of Status Desired		equired
City & State	9	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Co	ountry	·	This corporation owes or has paid the		
24	25	29	30		,	Personal Property Tax due June 30.		Ilangible □ No
	Name and Address of Curr		[00]	7-		10. Name and Address of New Registe	red Agent	
SU BO	I23 S STATE RD 7 ITE 301 CA RATON FL 33428 to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obl	ite of Florida. Such change	e was authoriz	ed b	City e-named cory the corpora	dress (P.O. Box Number is Not Acceptable) rporation submits this statement for the purporation's board of directors. I hereby accept the	FL se of changing it	Code its registered registered
	Signature, typed or printed name of registered	agent and title if applicable	(NOTE Registe	red Ag	en; signature regi	uired when reinstahing) DA	TE.	
12.	OFFICERS A	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELE	TE 1.1	TITLE	į		☐ Change	Addition
NAME	GORDON, JAMES N			1.2 NAME				
STREET ADDRESS				1 3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1.4	CITY-5	ST-ZIP			
TITLE	VP	☐ DELE	TE 2.1	TITLE			☐ Change	Addition
NAME	SCHALLER, VERN		22	N/ME				
STREET ADDRESS	23123 SOUTH STATE ROA	D 7 SUITE 301	2.3	STREET	T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		: 2.4	C TY	ST-ZIP			
TITLE		☐ DELE	TE 3 1	TITLE			☐ Change	Addition
NAME			32	N/ ME				
STREET ADDRESS			33	STREET	T ADDRESS			
CITY-ST-ZIP			34	C·TY -	ST-ZIP			
TITLE		☐ DELE	TE 41	TITLE			Change	Addition
NAME			4 2	NAME				
STREET ADORESS			4.3	STREET	T ADDRESS			

14. 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 armual report is frue and accurate and that my signature shall have the same logal 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 or an attachment with an address

4.4 CFY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6 4 CI 'Y - ST - ZIP

51 TITLE 52 NAME

61 TITLE

DELETE

DELETE

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

Daytine Phone # 0324399

☐ Change

Change

FILED

May 18 1998 8:00am

Secretary of State

Addition

Addition