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PRÓFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90044 039 ***150.00

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1. Corporation Name

OCEAN VIEW RENTAL APARTMENTS, INC.

								iii
Principal Place	of Business	Mailing Address			I (BOR(186) III IB()) DIB((BOIL) DIB	II AR III BAI A I AII	** (5)*** (1)*** (1)	(140 1111 1461
•	1751 S. OCEAN DRIVE 2751 S. OCEAN DRIVE							
SUITE 708	A							
HOLLYWOOD F	L 33019	HOLLYWOOD FL 33019			DO NOT WRIT	E IN THIS ST	PACE	
					3. Date Incorporated or Qualifed 07/19/1994			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			65-0511492		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	dditional
22		27			5. Certificate of Status Desired		Fee Rec	quired
City & State	9	City & State			6. Election Campaign Financing	П	\$5.00 N	May Be
23		28			Trust Fund Contribution		Added to	Fees
Zìp	Country	Zip	Cōur	itry	8. This corporation owes the curre			
24	25		0		Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New R	egisterea Aç	jent	
JOV	ANOVIC, DOUGLAS		ļ	EU	KENE WHITEHOU	C &		
	S.E. SRD-AVE.		Ī	82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	746	
	AUDERDALE FL 33316		}	27 .	51 S. OCEAN D	E. 77	70£	
	TODE TE SOSTO		:	3		_		
			Ī	84 City //		FL	85 Zip C	ode 30/9
		00 C07 4500 Florido Ctot do	the ob	I-f	poration submits this statement for the			
office or r	egistered agent or both in the State	of Florida. Such change was aut	nonzed	by the corporati	on's board of directors. I hereby accep	t the appoint	ment as reg	istered
agent. I a	m familiar with, and accept the obligi	ations of, Section 607,0505, Florid	da Statu	tes.	1.1.4	16/	11-0	}
SIGNATURE	Signature, typed or printed ame of registered age	Weiter	L Paciatored	Agent signature require	of when rejection)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.	ngent signatoro raquin	ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
TITLE	PSD	☐ DELETE	1.1 TIT	LE .			Change	Addition
NAME	WHITEHOUSE, EUGENE		1.2 NA	ME				
STREET ADDRESS	2751 S. OCEAN DR. #708		1.3 STI	REET ADDRESS				1
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 CIT	Y-ST-ZIP		_		
TITLE	VP	☐ DELETE	2.1 TIT	LE			Change	☐ Addition
NAME	KENNETH W. HITEMAN		2.2 NA	ME			•	
STREET ADDRESS	2200 NE 33 AVE. #6A		2.3 ST	REET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CF	ry-st-zip				
TITLE		☐ DELETE	3.1 TIT	LE			Change	☐ Addition
NAME			3.2 NA	WE	-			
STREET ADDRESS			3 3 ST	REET ADDRESS				
CITY-ST-ZIP			3.4. CI	ry-st-zip				
TITLE		☐ DELETE	4.1 TIT	LE .			☐ Change	☐ Addition
NAME			4. 2 NA	ME				
STREET ADDRESS	•		4.3 ST	REET ADDRESS				Ì
CITY-ST-ZIP_				Y-ST-ZIP			Change	Addition
TITLE		☐ DELETE	5.1 TIT	į.			☐ Change	☐ Addition {
NAME			5.2 NA					
STREET ADDRESS				REET ADDRESS				Ì
CITY-ST-ZIP		☐ BCI ETF	5.4 CIT	Y-ST-ZIP			Change	Addition
TITLE		☐ DELETE	6.1 NA				—i ovigi ige	Addition
NAME				REET ADORESS				
STREET ADDRESS				1				
CITY-ST-ZIP			0.4 (1)	Y-ST-ZIP		_		_

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 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, with all other like empowered.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR