

**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 # **P94000079003 (7)**

1. Corporation Name  
**OCEAN CLUB DEVELOPMENT COMPANY**



Principal Place of Business: **169 MIRACLE MILE SUITE 200 CORAL GABLES FL 33134**  
Mailing Address: **169 MIRACLE MILE SUITE 200 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **10/27/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0538781**  
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

2. Principal Place of Business: **21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
2a. Mailing Address: **26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country  
**30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HINSON, JOHN A  
169 MIRACLE MILE  
SUITE 200  
CORAL GABLES FL 33134**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**85** Zip Code **FL**

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 name of registered agent or director (applicable)

(Only if Registered Agent) Signature typed or printed name of registered agent

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TEMPLE, JOHN W</b>	
STREET ADDRESS	<b>2300 CORPORATE BLVD., N.W. SUITE 238</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> <del>DELETE</del> Addition
NAME	<b>EDELMAN, MARTIN L.</b>	
STREET ADDRESS	<b>75 EAST 55TH STREET</b>	
CITY-ST-ZIP	<b>NEW YORK, NEW YORK 10022</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> <del>DELETE</del> Addition
NAME	<b>BLACKMAN, CHRISTOPHER J.</b>	
STREET ADDRESS	<b>169 MIRACLE MILE, SUITE 200</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL. 33134</b>	

**13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>D, C, V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>TEMPLE, JOHN W.</b>	
13 STREET ADDRESS	<b>2300 NW CORPORATE BLVD., SUITE 238</b>	
14 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
21 TITLE	<b>D, P, T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>HINSON, JOHN A.</b>	
23 STREET ADDRESS	<b>169 MIRACLE MILE, SUITE 200</b>	
24 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	
31 TITLE	<b>D, V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>MARKS, EVAN M.</b>	
33 STREET ADDRESS	<b>450 PARK AVE., SUITE 900</b>	
34 CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>	
41 TITLE	<b>D, V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>FOWLER, THEODORE V.</b>	
43 STREET ADDRESS	<b>380 LEXINGTON AVE., SUITE 4500</b>	
44 CITY-ST-ZIP	<b>NEW YORK, NY 10168</b>	
51 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>SKIGEN, GLORIA M.</b>	
53 STREET ADDRESS	<b>75 EAST 55TH STREET, 5TH FLOOR</b>	
54 CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>	
61 TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>COBB, CHRISTIAN M.</b>	
63 STREET ADDRESS	<b>169 MIRACLE MILE, SUITE 200</b>	
64 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	

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 registered 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 or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JOHN A. HINSON, PRESIDENT**

May 31, 1996 (305) 444-2300

CR2E034 (12/95)