

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

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**Jun 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33134-5412
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3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report 06/10/1996
4. FEI Number 65-0538781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent
**HINSON, JOHN A
169 MIRACLE MILE
SUITE 200
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCV <input type="checkbox"/> DELETE
NAME	TEMPLE, JOHN W.
STREET ADDRESS	2300 NW CORPORATE BLVD., SUITE 238
CITY-ST-ZIP	BOCA RATON FL
TITLE	DPT <input type="checkbox"/> DELETE
NAME	HINSON, JOHN A.
STREET ADDRESS	169 MIRACLE MILE, SUITE 200
CITY-ST-ZIP	CORAL GABLES FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	MARKS, EVAN M.
STREET ADDRESS	450 PARK AVE., SUITE 900
CITY-ST-ZIP	NEW YORK NY 10022
TITLE	DV <input type="checkbox"/> DELETE
NAME	FOWLER, THEODORE V.
STREET ADDRESS	380 LEXINGTON AVE., SUITE 4500
CITY-ST-ZIP	NEW YORK NY 10168
TITLE	D <input type="checkbox"/> DELETE
NAME	EDELMAN, MARTIN L.
STREET ADDRESS	75 EAST 55TH ST.
CITY-ST-ZIP	NEW YORK NY 10022
TITLE	V <input type="checkbox"/> DELETE
NAME	BLACKMAN, CHRISTOPHER J.
STREET ADDRESS	169 MIRACLE MILE, SUITE 200
CITY-ST-ZIP	CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SKJEN, GLORIA M.
1.3 STREET ADDRESS	75 EAST 55TH STREET
1.4 CITY-ST-ZIP	NEW YORK, N.Y. 10022
2.1 TITLE	ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COBB, CHRISTIAN M.
2.3 STREET ADDRESS	169 MIRACLE MILE, SUITE 200
2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, unchanged, or on an attachment with an address.

SIGNATURE _____ **Proximat 6/2/97 (305) 444-2300**

CR2E034 (9/96)