


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

**FILED**  
**Mar 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P94000079003 (7)**  
 1. Corporation Name  
**OCEAN CLUB DEVELOPMENT COMPANY**



Principal Place of Business <b>169 MIRACLE MILE SUITE 200 CORAL GABLES FL 33134</b>	Mailing Address <b>169 MIRACLE MILE SUITE 200 CORAL GABLES FL 33134</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/27/1994**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number <b>65-0538781</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TEMPLE, JOHN W.</b>	1.2 NAME	<b><del>Thomas</del> Mases, Thomas</b>
STREET ADDRESS	<b>2300 NW CORPORATE BLVD., SUITE 238</b>	1.3 STREET ADDRESS	<b>169 MIRACLE MILE, SUITE 200</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HINSON, JOHN A.</b>	2.2 NAME	<b>DV Nelsen, Michael</b>
STREET ADDRESS	<b>169 MIRACLE MILE, SUITE 200</b>	2.3 STREET ADDRESS	<b>450 PARK AVE, SUITE 900</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	<b>NEW YORK, NY</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARKS, EVAN M.</b>	3.2 NAME	
STREET ADDRESS	<b>450 PARK AVE., SUITE 900</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOWLER, THEODORE V.</b>	4.2 NAME	
STREET ADDRESS	<b>380 LEXINGTON AVE., SUITE 4500</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDELMAN, MARTIN L.</b>	5.2 NAME	
STREET ADDRESS	<b>75 EAST 55TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLACKMAN, CHRISTOPHER J.</b>	6.2 NAME	
STREET ADDRESS	<b>169 MIRACLE MILE, SUITE 200</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	6.4 CITY-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)(l), Florida Statutes. I further certify that the information indicated on this annual report or subsequent 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; that I am duly authorized 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 added as an attachment.

SIGNATURE \_\_\_\_\_ DATE **3/13/98 (305)**

CR2E034 (10/97)