

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90014 039 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000079003**

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



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

DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0538781** Applied For Not Applicable

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 owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 **FL** 85 Zip Code

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	DCV <input type="checkbox"/> DELETE	1.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEMPLE, JOHN W.	1.2 NAME	<b>Nelsen, Michael</b>
STREET ADDRESS	2300 NW CORPORATE BLVD., SUITE 238	1.3 STREET ADDRESS	<b>888 Seventh Ave, Suite 3300</b>
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	<b>New York, NY 10106</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSES, THOMAS	2.2 NAME	<b>Gitto, Stephen</b>
STREET ADDRESS	169 MIRACLE MILE., SUITE 200	2.3 STREET ADDRESS	<b>888 Seventh Ave, Suite 3300</b>
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	<b>New York NY 10106</b>
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, EVAN M.	3.2 NAME	<b>HINSON, JOHN A.</b>
STREET ADDRESS	450 PARK AVE., SUITE 900	3.3 STREET ADDRESS	<b>169 MIRACLE MILE, SUITE 200</b>
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<b>TS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOWLER, THEODORE V.	4.2 NAME	<b>ELBERT DONALD</b>
STREET ADDRESS	380 LEXINGTON AVE., SUITE 4500	4.3 STREET ADDRESS	<b>169 MIRACLE MILE; SUITE 200</b>
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDELMAN, MARTIN L.	5.2 NAME	<b>COBB, CHRISTIAN</b>
STREET ADDRESS	75 EAST 55TH ST.	5.3 STREET ADDRESS	<b>169 MIRACLE MILE, SUITE 200</b>
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMAN, CHRISTOPHER J.	6.2 NAME	
STREET ADDRESS	169 MIRACLE MILE, SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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)(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 in an attachment with an address.

SIGNATURE: *[Signature]* CEO 7/6/99 (305) 444-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (5/99)