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Mailing Address
P. O. BOX 600429

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY - S1 - ZIP

1820 NORTHEAST 163RD STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 14 1997 8:00am

Secretary of State

(96/6)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000086312 (3)

OCEAN MOTELS OF FLORIDA, INC.,

NORTH MIAMI BEACH FL 33180-0429 N MIAMI BEACH FL 33162 3a. Date of Last Report Date Incorporated or Qualified 11/29/1994 01/24/1996 2. Principal Place of Busicess 2a. Maling Address 4. FEI Number Applied For 65-0539770 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 Florida Statutes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ZEDECK, LEONARD E 1820 N.E. 163RD STREET 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33162 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08. 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 land accept the obligations of. Section 607.05:05, Florida Statutes. SIGNATURE tNUTE_Registered Agent signature required when reinstating) Signature Typed so pro to cinarie of organized agent and to in applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PRES DELETE ☐ Change Addition TITLE ZEDECK, LEONARD E. 1.2 NAME MAINE 1820 NE 163RD ST STREET ADORESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL CHTY - ST - ZIP 1.4 CITY - ST - ZiP DELETE Addition Change | TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 C(TY - ST - Z)P CITY-S1-76 DELETE 3.1 TITUS Change Addition TOLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST- ZIP CHTY - ST - ZIE DELFTE Change Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - ST- ZIP CITY - \$1 - 74P DELETÉ ☐ Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C!TY - ST-ZIP CITY - ST - ZIP DELETE. Change 61 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS € 3 STREET ADDRESS

64 OTY - ST- ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

lonard & Zedeck, Pres. 1/4/97

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