

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 # **P94000094143 (2)**

1. Corporation Name
OCEAN GROVE, INC.



Principal Place of Business
**2601 S BAYSHORE DR
9TH FLOOR
MIAMI FL 33133-5461**

Mailing Address
**2601 S BAYSHORE DR
9TH FLOOR
MIAMI FL 33133-5461**

3. Date Incorporated or Qualified 12/30/1994	3a. Date of Last Report 04/28/1995
4. FEI Number 65-0547286	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent LANGLEY, MARCIA H 2601 S BAYSHORE DR 9TH FLOOR MIAMI FL 33133-5461				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 renouncing) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	VAS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	RUTHERFORD, J L		1.2 NAME	Goldman, Joel K.			
STREET ADDRESS	2601 S BAYSHORE DR		1.3 STREET ADDRESS	2601 S. Bayshore Dr.			
CITY-ST-ZIP	MIAMI FL 33133-5461		1.4 CITY-ST-ZIP	Miami, FL 33133			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	✓	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JEFFREY, THOMAS W		2.2 NAME	Carleton Callis N.			
STREET ADDRESS	2601 S BAYSHORE DR		2.3 STREET ADDRESS	2601 S. Bayshore Dr.			
CITY-ST-ZIP	MIAMI FL 33133-5461		2.4 CITY-ST-ZIP	Miami, FL 33133			
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GONZALEZ, JULIO J		3.2 NAME				
STREET ADDRESS	2601 S BAYSHORE DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133-5461		3.4 CITY-ST-ZIP				
TITLE	VSD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LANGLEY, MARCIA H		4.2 NAME				
STREET ADDRESS	2601 S BAYSHORE DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133-5461		4.4 CITY-ST-ZIP				
TITLE	VT	<input type="checkbox"/> DELETE	5.1 TITLE	300001783360	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FISCHER, JOHN H		5.2 NAME	-04/17/96--01020--004			
STREET ADDRESS	2601 S BAYSHORE DR		5.3 STREET ADDRESS	***200.00			
CITY-ST-ZIP	MIAMI FL 33133-5461		5.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MIKESH, LINDA A		6.2 NAME				
STREET ADDRESS	2601 S BAYSHORE DR		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33133-5461		6.4 CITY-ST-ZIP				

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 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 on an attachment with an address.

SIGNATURE: Joel K. Goldman Date: 4-12-96 305-859-4071
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

CR2E034 (12/95)