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**May 01 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 # 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 33133-5412
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3. Date Incorporated or Qualified 12/30/1994	3a. Date of Last Report 04/16/1996
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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	29

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	

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 **Joel K. Goldman**
 82 Street Address (P.O. Box Number is Not Acceptable) **2601 S. Bayshore Dr.**
 83 **9th Floor**
 84 City **Miami** FL 85 Zip Code **33133**

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: *Joel K. Goldman* **Joel K. Goldman** 7-11-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME RUTHERFORD, J L	1.1 TITLE VSD	1.1 NAME Goldman, Joel K.
STREET ADDRESS 2601 S BAYSHORE DR	CITY - ST - ZIP MIAMI FL 33133-5461	1.3 STREET ADDRESS 2601 S. Bayshore Dr	1.4 CITY - ST - ZIP MIAMI FL 33133
TITLE VD	NAME JEFFREY, THOMAS W	2.1 TITLE VIAS	2.1 NAME LANGLEY, MARCIA H.
STREET ADDRESS 2601 S BAYSHORE DR	CITY - ST - ZIP MIAMI FL 33133-5461	2.3 STREET ADDRESS 2601 S. Bayshore Dr	2.4 CITY - ST - ZIP MIAMI FL 33133
TITLE VAS	NAME GOLDMAN, JOEL K.	3.1 TITLE V/C/A/S	3.1 NAME CARLETON, CALLIS N
STREET ADDRESS 2601 S BAYSHORE DR	CITY - ST - ZIP MIAMI FL 33133-5461	3.3 STREET ADDRESS 2601 S. Bayshore Dr	3.4 CITY - ST - ZIP MIAMI FL 33133
TITLE VSD	NAME LANGLEY, MARCIA H	4.1 TITLE	4.1 NAME
STREET ADDRESS 2601 S BAYSHORE DR	CITY - ST - ZIP MIAMI FL 33133-5461	4.3 STREET ADDRESS	4.3 CITY - ST - ZIP
TITLE VT	NAME FISCHER, JOHN H	5.1 TITLE	5.1 NAME
STREET ADDRESS 2601 S BAYSHORE DR	CITY - ST - ZIP MIAMI FL 33133-5461	5.3 STREET ADDRESS	5.3 CITY - ST - ZIP
TITLE V	NAME CARLETON, CALLIS N.	6.1 TITLE	6.1 NAME
STREET ADDRESS 2601 S BAYSHORE DR	CITY - ST - ZIP MIAMI FL 33133-5461	6.3 STREET ADDRESS	6.3 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 if changed, or on an attachment with an address.

SIGNATURE: *Joel K. Goldman* **JOEL K. Goldman** 4-11-97 305-859-4071
(NOTE: Registered Agent signature required when reinstating)

CP2E034 (9/96)