

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90045 039 ***158.75

0192796

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000094143

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
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1994

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

4. FEI Number 65-0547286	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K
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. City	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	V/AS/C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTHERFORD, J L	1.2 NAME	Cook, Paula
STREET ADDRESS	2601 S BAYSHORE DR	1.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133-5461	1.4 CITY-ST-ZIP	Miami, Florida 33133-5461
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY, THOMAS W	2.2 NAME	Weed, Frank
STREET ADDRESS	2601 S BAYSHORE DR	2.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	MIAMI FL 33133-5461	2.4 CITY-ST-ZIP	Miami FL 33133-5461
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GOLDMAN, JOEL K	3.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VAS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	LANGLEY, MARCIA H	4.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	FISCHER, JOHN H	5.2 NAME	
STREET ADDRESS	2601 S BAYSHORE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133-5461	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	LAGUARDIA, JOHN	6.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4-9-99** DAYTIME PHONE #: **305 859 4000**

CR2E034 (1/198)