

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018723 (3)

1. Corporation Name

OCEAN PARK MANOR, INC.



Principal Place of Business

950 S.E. 5TH AVENUE
POMPANO BEACH FL 33060

Mailing Address

950 S.E. 5TH AVENUE
POMPANO BEACH FL 33060

2. Principal Place of Business

2a. Mailing Address

21 1621 N. Ocean Blvd.
Suite, Apt. #, etc.

26 same
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Pompano Beach, Florida
Zip Country

28 Zip Country

24 33062

25 Broward

29

30

g. Name and Address of Current Registered Agent

KOWAL, JOZEF T
950 S.E. 5TH AVENUE
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

12/95

4. FEI Number

65-0580336

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 same
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 607.0509, Florida Statutes.

SIGNATURE

X Jozef Kowal

Signature typed or printed name of registered agent, and true if applicable

(NOTE: Registered Agent signature required when re-designating)

3/28/96

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE
NAME Jozef Kowal
STREET ADDRESS 950 S.E. 5th ave.
CITY-ST-ZIP Pompano Bch., FL 33060

TITLE Vice President ☐ DELETE
NAME Grace Hebenlauen
STREET ADDRESS 950 S.E. 5th ave.
CITY-ST-ZIP Pompano Bch., FL 33060

TITLE Secretary ☐ DELETE
NAME Jozef Kowal
STREET ADDRESS 950 S.E. 5th ave.
CITY-ST-ZIP Pompano Bch., FL 33060

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

X Jozef Kowal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

Date

Daytime Phone #

CR2E034 (12/95)