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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000033618 (6)**

1. Corporation Name

OCEAN BAY PROPERTIES, INC.

Principal Place of Business

% JAN CARSON CHEEZEM
701 BRICKELL AVE., SUITE 1200
MIAMI FL 33131

Mailing Address

% JAN CARSON CHEEZEM
701 BRICKELL AVE., SUITE 1200
MIAMI FL 33131

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**ROSSZ FIU CORPORATION
701 BRICKELL AVE., SUITE 1200
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
04/28/1995

3a. Date of Last Report

4. FEI Number
65-0577727

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of person performing this act (signatures are required when necessary)

Signature of Registered Agent (signature is required when necessary)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
D
VOELCKER, KEVIN J
P.O. BOX 895
LAKE FOREST IL 60045

☐ DELETE

TITLE
NAME
D
FULTON, C. EDWARD
P.O. BOX 895
LAKE FOREST IL 60045

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
706-5 Diamond Lake Road
Mundelein, IL 60060

☒ Change ☐ Addition

2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
706-5 Diamond Lake Road
Mundelein, IL 60060
Assistant S
Jan Carson Cheezem
701 Brickell Avenue, Suite 1200
Miami, Florida 33131

☐ Change ☒ Addition

☐ Change ☐ Addition

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

7. TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP

14. I do hereby certify that the information supplied in 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:

Jan Carson Cheezem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Carson Cheezem

4/30/96

(305) 373-0300

CR2E034 (12/95)