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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000044281 (0)

1. Corporation Name

OCEAN RESORT MANAGEMENT, INC.



Principal Place of Business
453 SOUTH ATLANTIC AVE.
ORMOND BEACH FL 32176

Mailing Address
453 SOUTH ATLANTIC AVE.
ORMOND BEACH FL 32176-7127

3. Date Incorporated or Qualified 06/08/1995	3a. Date of Last Report 04/23/1996
4. FEI Number 59-3330752	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent TATTNER, JOSEPH 453 SOUTH ATLANTIC AVE. ORMOND BEACH FL 32176	10. Name and Address of New Registered Agent 81 Name WALLACE M. BROWN 82 Street Address (P.O. Box Number is Not Acceptable) 453 South ATLANTIC AVE 83 84 City ORMOND BEACH FL 85 Zip Code 32176
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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: Wallace Brown P/M Wallace Brown 1/13/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHARD J BREESE		1.2 NAME WALLACE M. BROWN	
STREET ADDRESS 919 N ATLANTIC AVE		1.3 STREET ADDRESS 3941 S. Peninsula DR.	
CITY- ST- ZIP DAYTONA BEACH FL		1.4 CITY- ST- ZIP Daytona Beach, FL. 32127	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP/S/I	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOSEPH TATTNER		2.2 NAME MARY BROWN	
STREET ADDRESS 1429 ATLANTIC AVE, SUITE 304		2.3 STREET ADDRESS 3941 S. Peninsula DR.	
CITY- ST- ZIP DAYTONA BEACH FL		2.4 CITY- ST- ZIP Daytona Beach, FL. 32127	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DENNIS BUCKLEY		3.2 NAME	
STREET ADDRESS 1037 N HALIFAX AVENUE		3.3 STREET ADDRESS	
CITY- ST- ZIP ORMOND BEACH FL		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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: Wallace Brown P/M Wallace Brown 1/13/97 904-672-7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)