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

' RRONIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000048323 (6) DOCUMENT #
1. Corporation Name

OCEAN REALTY MANAGEMENT, INC.

Principal Place of Business Mailing Address 777 SO. FLAGLER DRIVE STE 301-E 777 SO. FLAGLER DRIVE SWEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401					01-E						
							3. Date incorporated or Qualified 06/21/1995	3a. Date o	f Last R	leport	
2. Principal Pla	ce of Business	2a.	Mailing Address				4. FEI Number 65-065419	 て	L	Applied For	
21		26					62-062717			Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc				5. Certificate of Status Desired See Required Fee Required				
Crty & State		27	City & State				6. Election Campaign Financing		\$5.0	May Be	
23		28	•				Trust Fund Contribution		Adde	ed to Fees	
Zιρ	Country		Zφ	<u> </u>	ountry		8. This corporation has liability for a		under s	199.032,	
24	25	29		30			Florida Statutes Yes 10. Name and Address of New R	No No			
	9. Name and Address of Cur	rent Regis	lered Agent		81	Name	10. Name and Address of New H	eAlateten V	Joint		
					01			····			
PARK, MICHAEL G ESQ. 777 SO. FLAGLER DRIVE STE 301-E					82	Street Add	fress (P.O. Box Number is Not Acceptable)				
	FLAGLER DRIVE STE 301-E ALM BEACH FL 33401				83			- <u></u>			
WEST P	MEM DEMON FE 33401								loc 3	ip Code	
					84	City		FL	85 2	ib Code	
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TITLE	D		DELFTE		TITLE				Change		
NAME	PARK, MICHAEL G			12	NAME						
STREET ADDRESS	777 SO. FLAGLER DRIVE		E	13	STREET	T ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 3	3401			CITY-	ST ZIP			L Change	FT Additor	
TITLE	D		☐ DELFTE	I .	1 TITLE	ļ		L	Change	Addition	
NAME	GOLDSTEIN, JON	TF 000			NAME						
STREET ADDRESS	5961 NW 2ND AVENUE S	1E 202				T ADDRESS					
CITY - ST - ZIP	BOCA RATON FL 33487		DELFTE		LCITY :: 1 TIT; E	21 ZIP	4000017	ag pr	Gat hae	Addition	
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6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

14. I do hereby certify that the information surprice certify that the information indicated on this a path; that I am an officer or director of the cappears in Block 12 or Block 13 if orlanger.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AND TYPEO OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR PARK Y/15/96 407-650-796/

DELETE

had with this filing is valuntarily

with this filing is voluntarily thinished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further multi-report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under solutions, the occeiver of further empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an attachment with an address

- I KARRIKARI KUM KAKAN MENIK MANU BAKU BAKKI UNIK ANDA KAKAN BIKAN KUMAN KUMAN KUMAN KUMAN KUMAN KUMAN KUMAN