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

PROFIT 1 CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000048323

OCEAN REALTY MANAGEMENT, INC.

1				
Principal Place	e of Business	Mailing Address		E 100 (100) 110 (010) DAIN BULK DULK BULK PIEU I 1660 1111 1100 1111 1001
18329 S DIXIE HWY 18329 S DIX		18329 S DIXIE HWY		
L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		MIAM! FL 33157		DO NOT WRITE IN THIS SPACE
US		U\$		Date Incorporated or Qualifed
				06/21/1995
2 Principal Pt	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21	ace of Bosiness	26		65-0654193 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional
22 27		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 28		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
24	25	29 36	0	Personal Property Tax. Yes No
	9. Name and Address of Curr	ent Registered Agent	0¢ N	10. Name and Address of New Registered Agent
DAR	K MICHAEL G ESO		81 Name ~	Nichael Wolf Atty
PARK, MICHAEL G ESQ. 5190 W ATLANTIC				dress (P.O. Box Number is Not Acceptable)
DELRAY BCH FL 33484			83	76 M. Uriyersity Dr.
BELIEVE BOTTE 60404			" 5	1015
			84 City 5	Lantations FL 85 Zip Code
44 Duningst	to the provinces of Sections 607.0	502 and 607 1509 Florida Statutos	the above named cor	reporation submits this statement for the purpose of changing its registered
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. Lai	m familiar with, and accept the obji	gations of, Section 607.0505, Florid	a Statutes.	2-8-99
SIGNATURE	Signature typed or printed name of registereri -	and title if applicable (NOTE R	egistered Agent signature requir	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	DELETE	11 TITLE	Change Addition
NAME	SCHNEIDER, DAVID		12 NAME	Tatherine Peters Huy
STREET ADDRESS	18329 S DIXIE HWY		13 STREET ADDRESS	18224 7. 215.6 11
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP	miami +L 33157
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DÉLETE	34 CITY-ST-ZIP 41 TITLE	☐ Change ☐ Addition
TITLE		[] DLEETE	8	
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4 4 CITY-ST-ZIP 5 1 TITLE	☐ Change ☐ Addition
NAME		_ vacc.c	52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	6 ; TITLE	Change Addition
NAME		-	62 NAME	
SIRFET ADDRESS			6.3 STREET ADDRESS	

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.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILING FEE: \$35.00

Florida Department of State, Sandra B. Mortham, Secretary of State P95000018323 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida Parallel Provided Provid
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: CCFAN REACTY MGMT
2. The mailing address of the corporation is: 15329 5 DIXIE Heylwey
 3. Date of incorporation/qualification: 6/21/95 Document number: 4. The name and address of the current registered agent and office:
PARK, MILIAU G ELG
PARK, MILIZU & Ecq. 5190 W. Atlantic Blud DelRay But FL 33484
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)
MICHAEL H WOLF
MICHAEL H WOLF 1876 N. UNIVERSITY DR #1015 Plantation, FLA 33322
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) $ 2-8-99 $ (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(1/95)