

~~1998~~ 2002**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91521 030 \*\*\*150.00

**DOCUMENT # P95000096028 (2)**

Corporation Name

**1350 SOUTH OCEAN BOULEVARD, INC.**

## Principal Place of Business

**1215 E BROWARD BLVD  
FT LAUDERDALE FL 33301**

## Mailing Address

**1215 E BROWARD BLVD  
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

**12/15/1995**

## 4. FEI Number

**65-0644687**

Apply

Not A

5. Certificate of Status Desired ☐**\$8.75 Addl  
Fee Requir**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 Ma  
Added to F**8. This corporation owes or has paid the current year Intangi  
Personal Property Tax due June 30. ☐ Yes ☒ No

## 10. Name and Address of New Registered Agent

## 9. Name and Address of Current Registered Agent

**CRAWFORD, ROBERT W  
1215 E BROWARD BLVD  
FT LAUDERDALE FL 33301**

## 81 Name

## 82 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 reg  
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 reg  
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

## SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, ROBERT W</b>	
STREET ADDRESS	<b>1215 E BROWARD BLVD</b>	
CITY - ST - ZIP	<b>FT LAUDERDALE FL 33301</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 13.

## ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 inform  
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  
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  
Block 12 or Block 13 if changed, or on an attachment with an address.SIGNATURE: *Robert W. Crawford*

Robert W. Crawford

4/18/02