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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600003075 (4)

OCEAN GRACE GALLERY, INC.

D 1 1 1 1 1 1 1 1							
Principal Place of Business		Mailing Address					
	irbor city blyd.	200 SOUTH HARBOR CITY B	LVD.				
SUITE 201			SUITE 201			1	
MELBOURNE FL 32901		MELBOURNE PL 32801-1389	MELBOURNE FL 32901-1389		A D	,	
					3. Date Incorporated or Qualified 01/03/1996 3a. Date of Last Repo	ort	
	lace of Business	2a. Mailing Address			4. FEI Number Applie	ed For	
21		26			65-0636202 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Cartificate of Status Desired		
22		27	+		Fee Requi	ired	
City & Stat	е	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	h		У	8. This corporation has liability for intangible tax under s. 19	9.032,	
24	25	29 3	0		Florida Statutes Yes X No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
HAIF	RE, MICHAEL T		8.		61 1 1		
200	SOUTH HARBOR CITY BLVI) .	82	L Street	nna Christensen Address (P.O. Box Number is Not Acceptable)		
SUITE 201			200 S. Harbor City Blvd.				
MEL	BOURNE FL \$2901		83	3 200	-S. narbor City-biva		
			<u> </u>	Ste	201 85 7ip Cod		
-			84		bourno FL 85 7ip Coo	de	
11. Pursuani	to the provisions of Sections 60	7 0502 and 607 1508. Florida Statutes	the above	_LMe⊥. ve-named	bourne 3290 corporation submits this statement for the purpose of changing its re	Poislored	
office or r	egistered agent, or both, in the	State of Florida. Such change was au	thorized t	y the corp	poration's board of directors. I hereby accept the appointment as reg	jistored	
agent la	im familiar with, and accept the i	obligations of, Section 607.0505, Flori	da Statute	95.	11/20/20		
SIGNATURE	Signature, typed or printed name of register	hustensen			ricquired when rehistating) DATE		
12.		S AND DIRECTORS	13.	geni signarure	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N. 12	
TITLE	D	X DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Addition	
NAME	DAY DADI		1.2 NAME		Michael T. Haire		
	407 BERWICK WAY						
STREET ADDRESS	MELBOURNE FL 32940		1 3 STREFF AUDRESS		200 S. Harbor City Blvd., Ste 201		
CITY-ST-ZIP			14 CITY-	ST · ZIP	Melbourne, FL 32901	T 7.320	
TITLE			21 TITLE	l	Change L.	Addition	
NAME			2.2 NAME				
STREET ADDRESS			2 3 STREET ADDRESS				
City-st-zip			2.4 City-St-ZIP				
TITLE			3.1 TILLE		LI Change L	Addilion	
NAME			3.2 NAME				
- STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY - ST - ZIP			3.4. CITY	- ST - 7IP		Į	
TITLE	DELETE		4.1 TITLE		Change	Addition	
NAME			4 2 NAM	F			
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY			l	
TITLE			5.1 7(1)		Change	Addition	
NAME	•		5.2 NAME	:			
STREET ADDRESS	• • •			1 ADDRESS			
1	*						
CITY-ST-ZIP		DELETE	5.4 CITY-		Channe T	Addition	
TITLE		L_J OLLETE	6.1 THEE		Change	Addition	

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 eath; that I am an officer or director of the encouver 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 or Block 14 or Block 15 or Block 15 or Block 15 or Block 16 or Block 17 or Block 17 or Block 17 or Block 17 or Block 18 or Block 17 or Block 18 or Block 19 or Block 18 or Block 18 or Block 19 or