

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

FILED

Jun 04 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 # P96000012757 (6)

1. Corporation Name

OCEANSIDE HOTEL MANAGEMENT CORP.

Principal Place of Business

800 NORTH ATLANTIC AVENUE  
DAYTONA BEACH FL 32118

Mailing Address

800 NORTH ATLANTIC AVENUE  
DAYTONA BEACH FL 32118-3716



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 19052 NE 29th Ave

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/09/1996

3a. Date of Last Report

4. FEI Number

59-3360603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOBERT, ROGER S  
241 SEVILLA AVE.  
SUITE 805  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Kobert, Ilene

82 Street Address (P.O. Box Number is Not Acceptable)

19052 NE 29th Ave

83

84 City

Aventura

FL

85 Zip Code

33180

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

Ilene Kobert

Ilene Kobert

4/14/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D  
NAME KATZ, JOYCE  
STREET ADDRESS 19370 COLLINS AVE. APT. 1116-C  
CITY-ST-ZIP N MIAMI BEACH FL 33180 ☒ DELETE

TITLE D  
NAME KATZ, DAVID D  
STREET ADDRESS 19370 COLLINS AVE. APT. 1116-C  
CITY-ST-ZIP N MIAMI BEACH FL 33180 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME Katz, David  
13 STREET ADDRESS 19052 NE 29th Ave  
14 CITY-ST-ZIP Aventura FL 33180 ☐ Change ☒ Addition

21 TITLE  
22 NAME Katz, Joyce  
23 STREET ADDRESS 19052 NE 29th Ave  
24 CITY-ST-ZIP Aventura, FL 33180 ☐ Change ☒ Addition

31 TITLE  
32 NAME Kobert, Ilene  
33 STREET ADDRESS 19052 NE 29th Ave  
34 CITY-ST-ZIP Aventura, FL 33180 ☐ Change ☒ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP ☐ 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)(f), 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

Ilene Kobert

Ilene Kobert

4/14/97 2050250166

CR2E034 (9/96)