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

**PROFIT** CORPORATION ANNUAL, REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000036301 (5) OCEAN RESORTS HOTELS, INC. Principal Place of Business Mailing Address 4040 GALT OCEAN DRIVE 4040 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308-6502 FORT LAUDERDALE FL 33308 3a. Date of Last Report 3. Date Incorporated or Qualified 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zφ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREENFIELD, LEO 1680 N.E. 135TH STREET 62 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33181 83 84 City 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6)DELETE Change ■ Addition 1.1 TITLE GREENFIELD, LEO NAME 1.2 NAME 1680 N.E. 135TH STREET 1.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33181 CHTY - ST - ZIP 1.4 CITY-ST-ZIP TILLE DELETE 2.1 TITLE Change Addition 2.2 NAME MAME SUBJECT ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2.4 CITY-ST-ZIP DELETE Change Addition HILE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 7/P 3.4. CITY-ST-ZIP DELETE (hange Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 City-ST-ZIP CITY: ST-ZIF DELETE Change Addition 1614 F 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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 comporation 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 delarged, or on an attachment with an address

6.4 CITY - ST-ZIP

SIGNATURE: ~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEA OR DIRECTOR

4/14/97

(954) 566-7500

FILED

Apr 22 1997 8:00am

Secretary of State

Daytima Phone #