

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90052 017 ***150.00

DOCUMENT # P96000045682

1. Corporation Name

OCEAN PARK PLACE, INC.



Principal Place of Business

66 N. ATLANTIC AVE
SUITE 201
COCOA BEACH FL 32931

Mailing Address

66 N. ATLANTIC AVE
SUITE 201
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1996

4. FEI Number

59-3387433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 99 N. ATLANTIC AVE

2a. Mailing Address

26 99 N. ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 COCOA BEACH, FL

City & State

28 COCOA BEACH, FL

Zip

Country

24 32931

25

Zip

Country

29 32931

30

9. Name and Address of Current Registered Agent

WILLIAMS, ROBERT W
66 N. ATLANTIC AVE
SUITE 201
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name

82 99 N ATLANTIC AVE

83

84 COCOA BEACH

FL

85 Zip Code

32931

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WILLIAMS, ROBERT W
STREET ADDRESS 66 N ATLANTIC AVE STE 201
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE D ☐ DELETE

NAME STAZZONE, JOSEPH
STREET ADDRESS 66 N ATLANTIC AVE STE 201
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 99 N. ATLANTIC AVE
1.4 CITY-ST-ZIP COCOA BEACH, FL 32931

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 99 N. ATLANTIC AVE
2.4 CITY-ST-ZIP COCOA BEACH, FL 32931

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (1/98)