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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **P96000050211 (7)**

OCEAN RIDGE OF BREVARD II, INC.

Principal Place of Business Mailing Address						i ingilkalı eta iatın anın gören otatık estikt	ADIDI DIKLI DOLEN ILDAL 143	TAL ELEI IDAL
Post office e Cocoa FL 32%			POST OFFICE BOX 3767 COCOA FL 32824-3767					
· 						3. Date incorporated or Qualified 06/11/1996	3a. Date of Last	Report
2. Principal P	lace of Business	2a. Mailing Add	ross			4. FEI Number		Applied For
21	<u></u>	26				59-3393140		Not Applicable
Suite, Apt.		Suite, Apt. #				5. Certificate of Status Desired	Fee	Additional Required
City & State	0	City & State				6. Election Campaign Financing	F	May Be
<b>23</b>   Zip	Country	28		Country		Trust Fund Contribution		d to Fees
24	<u></u>		29 30			8. This corporation has liability for intangible tax under s. 199.032,  Florida Statutes ☐ Yes ☐ No		
<u> </u>	9. Name and Address of C			<u></u>		10. Name and Address of New Re-		
REAL	LS. ROBERT L			81	Name			
	WEST HIBISCUS BOULEVA	RO		82	Stroot Add	ress (P.O. Box Number is Not Acceptab	do)	
& SUITI			62 Street Ac		SHOOL MOD	iress (F.O. Box Rumber is 140) Acceptat.	ю,	
	BOURNE FL 32902-1870			83		* * * * * * * * * * * * * * * * * * * *		
				84	City		85 7	p Code
					•	poration submits this statement for the p	FL	·
office or r agent. I a SIGNATURE	egistered agent, or both, in the im familiar with, and accept the Signature typed or protect name of register	obligations of, Section 607	7.0505, Florid	da Statutes	. ·	tion's board of directors. I hereby acception	DATE	
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TALE	D		DELETE	1.1 TH LE			L Change	e 🔲 Addition
NAME	KIRSCHENBAUM, MALCOL	MK 402 High Bi	nd Da	1.2 NAME				
STREET ASORESS	POST OFFICE BOX 3767			1.3 STREET				
CITY-ST-ZIP TITLE	0000A FL 32924	Cocoa, FL 3.	LY LO	1.4 CHY-ST 2.1 THLE	- 21P		Change	e Addition
NAME	CHEDO HEANLYNES	<del></del> -		2.2 NAME			L Change	e [] Addition
STREET DORESS	POST OFFICE BOX 41019	a 118 Delvalle	.4ک ع		ADMUCCO			
CITY-ST-ZIP	MELBOURNE FL 32941-01	98 Melhuma B	onch. FL	23 STREET 322 95 24 UTV-S	HUDICOS 1 7/D			
TITLE	MELDOGINAL IL SEGTION		RICTE	\$ 1 Till I	1.21		Change	e Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADURESS			
CITY-ST-ZIP				3.4. CHY - S	1-70°			
TITLE			DELETE	4.1 TILLE			☐ Chang	e 🔲 Addition
NAME				4 2 NAME				
STREET ADDRESS				4 3 STRUET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	1 - 71P			
TITLE		الا	DELETE	5.1 TITLE			Change	je ∐_LAddition )
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP			E   E1E	5.4 CHY- ST	1 - 7IP	-	Chang	ie Addition
TITLE		L.J I	DETETE	61 TITLE	ł		LI GIRIN	c LI Addinal)
NAME				6.2 NAME	Annbi ce			ļ
STREET ADDRESS				6.3 STREET				į
CITY-ST-ZIP	by certify that the information sa	splied with this filing does	not qualify	6.4 City - S' for the exer	motion state	d in Section 119 07(3)(i). Florida Statuto	s. I further certify th	nat the
Information I am an o	on Indicated on this abriual repo officer or director of the corporat in Block 12 or Block 13 if chang	rt or supplemental annual ion of the receiver or trust ect of on an attackment w	report is truc se empower ith an addre	e and accu led to execu ess.	rate and tha ute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	leffect as if made i fatules; and that m	under oath; that y name

4/21/02

407/632 4936