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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000054369 (9) DOCUMENT

OCEAN VILLAGE SALES & RENTALS, INC.

Country

25

Principal Place of Business 242-B NORTH SHORE DRIVE ORMONMD BEACH FL 32176

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

28

29

242-B NORTH SHORE DRIVE ORMONMD BEACH FL 32176

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

904-672-0662

Not Applicable

3. Date incorporated or Qualified 06/24/1996

59-3384999

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

4. FEI Number

3. Maine and Madeas of earliest hegistered Agest					It. Tellio dila Address of Hell Hegisteles Agent	
MYERS, PETER H 242-B NORTH SHORE DRIVE			81	81 Name		
			82	82 Street Address (P.O. Box Number is Not Acceptable)		
ORMONMD BEACH FL 32176			83	1		
			84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1505. 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						
	Signature, typed or printed name of registered agent and title if applicable	le. (NOTE: He		ent signal		
12.	OFFICERS AND DIRECTORS P	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	•	C) DETELE	1.1 TITLE			
NAME	MYERS, PETER H		1.2 NAME			
STREET ADDRESS	242-B NORTH SHORE DRIVE ORMONMD BEACH FL 32176		1.3 STREE		\$	
CITY-ST-ZIP	URMUNIND BEACH FL 32176	DELETE	1.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DECE IE	2.1 TITLE		Change Addition (
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE		· · · ·	
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NAME			3.2 NAME			
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TITLE		□ pereie	5.2 NAME			
NAME						
STREET ADDRESS			5.3 STREE		·	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - : 6.1 TITLE	51-212	Change Addition	
NAME		DECENE	6.2 NAME		- Unungo - Hourson	
-			6.3 STREET	(ADDOSES		
STREET ADDRESS						
CiTY-ST-ZiP	certify that the information supplied with this filing doe	s not qualify for th	6.4 CITY - S		ated 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.						

Country

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