Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90117 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063846

1. Corporation Name

OCEAN DWELLERS! SCURA SERVICES, INC

COLAIV	DWELLEING GOODA GENVIC	20, 110.						
Principal Place	of Business	Mailing Address						
2896 E SUNRISE BLVD 4201 W ATLANTIC BLVD								
FORT LAUDERDALE FL 33304 608						DO NOT WRITE IN TH	HS SDACE	
US POMPANO BEACH FL 33066-1705 US						3. Date Incorporated or Qualifed	·	
•		03			l	07/30/1996		Į
2 Dringing D	lace of Business	2a, Mailing Address				4, FEI Number	A	pplied For
<u> </u>	lace of business	26 1253 S.W. 41	1 44	1.700	à	65-0705781	<u> </u>	lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	2	way	<u> </u>			Additional
22	,,, 5.5.	27		U		5. Certifcate of Status Desired	Fee R	tequired
City & State	e	City & State		ť	,	6. Election Campaign Financing	\$5.00	May Be
23		28 Deer field B	ead	1-,-F	<u> </u>	Trust Fund Contribution	Added	to Fees
Zip	Country		ountry	,		8. This corporation owes the current year		
24	25	29 33442 30	. ,		_	Personal Property Tax.	□Yes	□No
	9. Name and Address of Current	Registered Agent	04	N1		10. Name and Address of New Register	ed Agent	
COD	DODATION CEDVICE COMPANY		81	Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			83					
IALL	ALIAGGEE PE 32301		03					
			84	City			85 Zip	Code
	. H	and 607 1500 Florida Statutos the	above	a-named	cornor	ation submits this statement for the purpose	of changing it	s registered
office or n agent. 1 a	egistered agent, or both, in the State or m familiar with, and accept the obligation	i Florida. Such change was authoriz	ea bv	the corpo	oration	's board of directors. I hereby accept the ap	pointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Register	ed Agen	nt signature r	equired v	when reinstating) . DATE		<u> </u>
12.	OFFICERS AND		3.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE	Ρ	☐ DELETE 1.1	TITLE		P		Change	☐ Addition
NAME	fuster, jose r	1.2	NAME		Fus	ter Jose R	•	
STREET ADDRESS	2896 E SUNRISE BLVD	1.3	STREET	ADDRESS	12	ter, Jose R 53'5.W. 46th Way		
CITY-ST-ZIP	FORT LAUDERDALE FL 140		CITY-S	T-ZIP	De	erfield Beach, FI	<u> 33442-</u>	87 <u>74</u>
TITLE			TITLE]	•	☐ Change	Addition
NAME		22	NAME		1		,	
STREET ADDRESS		2.3	STREET	ADDRESS				ł
CITY-ST-ZIP			CITY-S	ST-ZIP	<u> </u>		□ 0bc	Additi
TITLE			TITLE				Change	e ☐ Addition
NAME		L L	NAME		1			{
STREET ADDRESS		3.3	STREET	TADDRESS.				
CITY-ST-ZIP			. CITY-S	T-ZIP	 		☐ Change	Addition
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NAME			NAME					
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CITY-ST-ZIP			CITY-S	T-ZIP	├		☐ Change	Addition
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NAME				T ADDRESS	ļ			ĺ
STREET ADDRESS			CITY-S					
CITY-ST-ZIP			TITLE	1- <i>LIF</i>	-		☐ Change	Addition
TITLE			NAME				ال مادين	
NAME				T ADDRESS				{

14. I hereby certify that the information symbled 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 symblemental innual 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 repower 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 of on an appear of the corporation of the corporatio

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR