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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000073634 (3) DOCUMENT #
1. Corporation Name

D. B. OF OCEAN DRIVE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4875 N FEDERAL HWY 7TH FLOOR FT LAUDERDALE FL 33308	4875 N FEDERAL HWY 7TH FLOOR FT LAUDERDALE FL 33308
2. Principal Place of Business	2a. Mailing Address

FILED Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address													
4875 N FEDERAL HWY 7TH FLOOR 4875 N FEDERAL HWY 7TH				7TH FLOC)R								
FT LAUDERDALE FL 33308 FT LAUD				AUDERDALE FL 33308						50.1157.11517			
										DO NOT WRITE	IN THIS SI	ACE	· · · · · · · · · · · · · · · · · · ·
									3. Date Incorpora				ļ
									09/05/1996)	 	· · · · · · · · · · · · · · · · · · ·	
	ace of Business		2a. Mailing Address						4. FEI Number				pplied For
21			26						65-06930	98			ot Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.						5. Certificate of S	status Desired		·	Additional
22			27									Fee R	equired
City & State			City & State					6. Election Camp		_		May Be	
23			28						Trust Fund Cor	ntribution	<u>.Ŀ.</u>	Added	to Fees
Zip	- 	Country Zip				Country			8. This corporation	•		· · -	- ~ 1
24	25		29		30					erty Tax due June			No
		Address of Current R	egistered	Agent					10. Name and Ad	dress of New Re	gistered A	gent	
	Senberg, art					81	Na	me					
		HWY 7TH FLOOR				82	Str	eet Addre	ress (P.O. Box Numbe	r is Not Acceptab	ile)		
FT I	lauderdale f	£ 33308							<u> </u>	·	·		
						83							
						84	Cit		· · · · · · · · · · · · · · · · · · ·			85 Zip	Code
						1 1		-			FL	1 1 '	
11. Pursuant to	o the provisions o	f Sections 607.0502 a r both, in the State of d accept the obligatio	nd 607.15	08, Florida Stati	utes, the a	bove	-nar	ned corp	poration submits this s	tatement for the p	urpose of c	hanging i	ts registered
office or re	egistered agent, o n familiar with, an	r b oth, in the State of I d a ccept the obligatio	Florida, St ns of, Sec	ich change was tion 607.0505. I	s authorize Fiorida Sta	ia by tutes	the	corporati	ion's board of director	rs. I hereby accer	ot the appo	ntment as	s registered
	,												
SIGNATURE 3	Signature, typed or print	of name of registered agent ar	nd tele if appli	nable (NC	OTE Rogistere	од Арог	nt sign	ature require	ed when reinstating)		DATE		
12.		OFFICERS AND D	IRECTOR	S	13.				ADDITIONS/CH	ANGES TO OFFIC	ERS AND I	DIRECTOR	RS IN 12
TITLE	PVST			☐ DELETE	1.1 T	ITLE						Change	☐ Addition
NAME	CHEHEBAR,				1.2 N	AME							İ
STREET ADDRESS	REET ADDRESS 4875 N FEDERAL HWY 7TH FLOOR					1.3 STREET ADDRESS							
CITY-ST-ZIP	ET LAUDEDDALE EL 00000					1.4 CiTY-ST-ZIP							
TITLE	D			DELETE	2.1 TI							Change	☐ Addition
NAME	CHEHEBAR,	JUDE			2.2 N	AME		1					
STREET ADDRESS	ANTE ALEEDEDAL LINEY STUTELOOD				235	2.3 STREET ADDRESS							
CITY-ST-ZIP	FT LAUDERDALE FL 33308					2.4 CITY-ST-ZIP							
TITLE				DELETE	3.1 T		11.51				г	Change	Addition
NAME					3.2 N						_		
. 1							A DODG	-00					
STREET ADDRESS						TREET		.00					
CITY-ST-ZIP				DELETE		TY-S	1-719				г	Change	Addition
TITLE				L. DILLIE	4.1 TJ			- 1			L	unange	☐ Vogition
NAME					4.2 N]					1
STREET ADDRESS						TREET		SS					
CITY-ST-ZIP						17Y-S1	1 - 71P					-	
TITLE				☐ DELETE	5.1 Te	TLE					L	Change	☐ Addition
NAME					5 2 N	AME							1
STREET ADDRESS					5 3 S	TREET /	ADDR	SS					1
CITY-ST-ZIP					54 D	IY-SI	r-ZIP						
TITLE				DELETE	6.1 71	TLE						Change	Addition
NAME					6.2 N	AME							ļ
STREET ADDRESS					6.3 S	TREET A	ADDRE	SS					
CITY-ST-ZIP					6.4 C	ITY - ST	r - ZIP						
					_				B				

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.

1/4/00