Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90139 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000074946

D. B. OF	OCEAN DRIVE OUTLE	T, INC.										
Principal Place	e of Business	Mailing	Address					, 41111 66 111 61	,			
4875 N. FEDERAL HIGHWAY 4875 N. FEDERAL HIGHWAY												
SEVENTH FLOOR SEVENTH FLOOR								NAME NAME	TE IN THE	e epaci	=	
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308				308			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
							3, Date incorporated 09/10/1996 4, FEI Number	o Quaneu		· 	l An-	lied For
2. Principal Pl	lace of Business	2a. Mai	iling Address							-	+	
21		26					65-0693095			69		Applicable Iditional
Suite, Apt.	#, etc.	├-	te, Apt. #, etc.				5. Certifcate of Status	Desired			ee Red	
22		27 Cit	y & State				a Startion Compaign	Einancina		\$5	00 4	May Be
City & State	e	— i	y & State				6. Election Campaign Trust Fund Contrib	_			ided to	
Zip	Country	Zip		Countr	· · · ·		8. This corporation ov		rent vear li	ntangible		
	25	29		30	•		Personal Property		,	ŬYe	s l	□No
24	9. Name and Address of Ci		d Agent	1301			10. Name and Addres		Registere	Agent		
RUS	ENBERG, ARTHUR R			81		ame				 ,		
4875	N. FEDERAL HIGHWAY			82	2 S	reet Addre	ess (P.O. Box Number is	Not Accept	able)			
	ENTH FLOOR			83	3	•						
FOR	T LAUDERDALE FL 33308			84	4 C	ty			F	85	Zip C	ode
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	to the provisions of Sections 60 egistered agent, or both, in the 5 m familiar with, and accept the c					med corpo corporatio	oration submits this stater n's board of directors. I h	ereby acce	pt the app	ointment	ng its r as reg	egistered istered
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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.

6.4 CITY-ST-ZIP

SIGNATURE: