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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087900 (2)

OCEAN PALMS DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

2055 WOOD ST., STE. 215 SARASOTA FL 34237 2055 WOOD ST., STE, 215 SARASOTA FL 34237-7903

FILED Jun 11 1997 8:00am Secretary of State



ONINGUIN I'L	V-1201	CHILDOIN 12 442011000				
				 Date Incorporated or Qualified 10/24/1996 	3a. Date of Last Report	
'	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 /200	<u> </u>	26 1200 N OCEA	IN OLVD.	65-0702180		
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	AND BOH, FC	Sity & State 28 POM PANO BC		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 330			Country 30 BROWAR	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	jistered Agent	
WALLACK, MICHAEL M						
2055 WOOD ST., STE. 215 SARASOTA FL 34237			82 Street			
			83			
			84 City		FL 85 Zip Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	uthorized by the corp	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	DPT	DELETE	1.1 TITLE	V.P.	Change X Addition	
NAME	ABDULLAH, KAREN	• •	1.2 NAME	DOMENICK GREGO	0.10	
STREET ADORESS	6030 VERDE TRL. S., #208		1.3 STREET ADDRESS	4541 WHITE CEPARL	зан	
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY - \$1 - ZIP			
TITLE .	DVS	☐ DELETE	2.1 TITLE	PRES.	Change Addition	
NAME	BLOOM, DIANE		2.2 NAME		.	
STREET ADDRESS	PEROLE TRACE BLVD.		2.3 STREET ADDRESS	1200 N Ocean	Blad	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2. 4 CITY - ST - ZIP	rumpano Bch,	FC 33062	
TITLE		☐ DELETE	3.1 TOTLE	,	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CHTY-ST-ZIP		Chance Little	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELE TE	4.4 C/TY-ST-ZIP 5.1 Title		Change Addition	
TATLE		L Detect	1		criange xiconion	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition	
TITLE		CT DETECT			En Auguste En Propinci	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	and the the information	Cultivitation dilinar alana and accept	6.4 CITY-S1-ZIP	 stated in Section 119.07(3)(i), Florida Statutes	a. I further portify that the	
informatio	on indicated on this annual report or su	upplemental annual report is tru The receiver or trustee empowe	ue and accurate and ered to execute this	is that my signature shall have the same lega i that my signature shall have the same lega report as required by Chapter 607, Florida S	Leffect as if made under oath: that	

1/1/00