

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P970000064770

1. Corporation Name
Ocean View Associates, Inc.

FILED
99 MAR 18 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 625 N. River Dr Suite 407 Stuart, FL 34994
Mailing Address: 625 N. River Dr Suite 407 Stuart, FL 34994

21	2a	26	27	28	29
2. Principal Place of Business	2a. Mailing Address	26. Suite, Apt. #, etc	27. City & State	28. Zip	29. Country
Suite, Apt. #, etc	Suite, Apt. #, etc	City & State	City & State	Zip	Country
22. City & State					
23. Zip					
24. Country					

9. Name and Address of Current Registered Agent
Mulligan, John A
625 N. River Dr
Suite 407
Stuart, FL 34994

81	82	83	84	85
Name	Street Address (P.O. Box Number is Not Acceptable)	City	State	Zip Code
			FL	

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Creation: 7-24-97

4. FEI Number: 65-0770058

5. Certificate of Status Desired: Applied For Not Applicable

6. Election Campaign Financing: Trust Fund Contributions \$8.75 Additional Fee Required

7. This corporation owes the current year intangible Personal Property Tax: Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	
TITLE	[DELETE]	1. TITLE	[CHANGE] [ADDITION]
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE	[DELETE]	5. TITLE	[CHANGE] [ADDITION]
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE	[DELETE]	9. TITLE	[CHANGE] [ADDITION]
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	[DELETE]	13. TITLE	[CHANGE] [ADDITION]
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	

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-03/30/99-01093-007
****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/99

CR2E034 (1/98)