

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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90001 022 \*\*\*150.00

DOCUMENT # P97000101199

1. Corporation Name

OCEAN MANOR HOTEL MANAGEMENT CORP.



Principal Place of Business

17201 COLLINS AVENUE  
SUNNY ISLES FL 33160  
US

Mailing Address

17201 COLLINS AVENUE  
SUNNY ISLES FL 33160  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4101 N. Andrews Ave.

Suite, Apt. #, etc.

22 Suite 114

City & State

23 Ft. Lauderdale, FL

Zip

24 33309

Country

25 USA

2a. Mailing Address

26 4101 N. Andrews Ave

Suite, Apt. #, etc.

27 Suite 114

City & State

28 Ft. Lauderdale, FL

Zip

29 33309

Country

30 USA

3. Date Incorporated or Qualified

12/02/1997

4. FEI Number

65-0804229

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required.

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

KATZ, DAVID  
17201 COLLINS AVENUE  
SUNNY ISLES FL 33160

10. Name and Address of New Registered Agent

81 Name Katz, David  
82 Street Address (P.O. Box Number is Not Acceptable)  
4101 N. Andrews Ave  
83 Suite 114  
84 City Ft. Lauderdale FL 85 Zip Code 33309

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 hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of individual name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME KATZ, JOYCE  
STREET ADDRESS 19370 COLLINS AVE APT 1116-C  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE PT ☐ DELETE  
NAME KATZ, DAVID D  
STREET ADDRESS 19370 COLLINS AVE APT 1116-C  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition  
1.2 NAME Katz, Joyce  
1.3 STREET ADDRESS 4101 N. Andrews Ave, #114  
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

2.1 TITLE PTS ☐ Change ☐ Addition  
2.2 NAME Katz, David  
2.3 STREET ADDRESS 4101 N. Andrews Ave, #114  
2.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 954 630-1441  
Daytime Phone #

CR2E034 (1/98)

0233074