

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
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90002 044 ***550.00

DOCUMENT #

1. Corporation Name

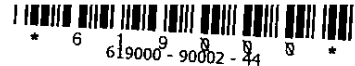
Ocean Drive Development Corp.

P98000050395

Principal Place of Business

Mailing Address

350 S. County Rd Suite #224
Palm Beach, FL 33480



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 350 S. County Rd

2a. Mailing Address

26 PO Box 868

4. FEI Number

65-0857-234

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 Suite 224

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Palm Beach, FL

28 Palm Beach, FL

Zip

Country

Zip

Country

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

☐ Yes ☐ No

24 33480

25 US

29 33480

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Anthony P. Solo
350 S. County Rd. Suite 224
Palm Beach, FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-10-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE
NAME Anthony P. Solo
STREET ADDRESS 350 S. County Rd. Suite 224
CITY-ST-ZIP Palm Beach, FL 33480

1.1 TITLE ☐ Change ☐ Addition

TITLE VICE PRESIDENT, SECRETARY ☐ DELETE
NAME Anthony P. Solo
STREET ADDRESS 350 S. County Rd. Suite 224
CITY-ST-ZIP Palm Beach, FL 33480

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

9-10-99

Date

561-833-3900

Daytime Phone #

CR2E034 (11/98)