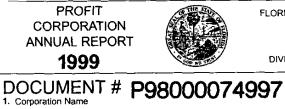
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

THE OCEAN DRIVE LAND CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

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Principal Place of Business	Mailing Address			(98)1881 (31)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 18811 51816 1211	
1360 SO. OCEAN BLVDSTE.1902 POMPANO BEACH FL 33062		380 SO. OCEAN BLVD.,STE.1902 OMPANO BEACH FL 33062		DO NOT WR	TE IN THI	S SPACE	
				3. Date Incorporated or Qualifed 08/25/1998			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		X A	Applied For
14	26					F	lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				tras	\$8.75	Additional
22	27			5. Certificate of Status Desired	**	Fee R	Required
City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23	28			Trust Fund Contribution		Added	to Fees
Zip Country	Zip	Cou	ntry	8. This corporation owes the cur	rent year l	ntangible	
25	29	30		Personal Property Tax.		☐ Yes	□No
9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New	Registere	d Agent	
FOOTE FRANK IA			81 Name				ľ
FOOTE, FRANK H	10		82 Street A	ddress (P.O. Box Number is Not Accept	able)		
1360 SO. OCEAN BLVD.,STE.190 POMPANO BEACH FL 33062	IZ						
PUMPANU BEAUTI FL 33002			83				
			84 City			. 85 Zip	Code
			'		F	┖⊥└┈	
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S agent. I am familiar with, and accept the or 	state of Florida. Such change was	s authorized	by the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	pt the app	ointment as r	egistered
SIGNATURE					DATE		
Signature, typed or printed name of registere		OTE: Registered	Agent signature rec	Quired when reinstating) ADDITIONS/CHANGES TO OF		AND DIRECT	ORS IN 12
	S AND DIRECTORS	1,1 Til		ADDITIONS/CHANGES TO CO	T TO LITTO 7	Change	
DSIP	_ Deterie	1.2 NA	{				_
NAME FRANK H. Poote STREET ADDRESS 1360 S. Ocean Bl	od i	1	REET ADDRESS				•
Damaran Delica	, FL 33D62		i				I
	DELETE	2.1 TII	TY-ST-ZIP			Change	Addition
TITLE		2.2 NA	i .				=-
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STREET ADDRESS							
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STREET ADDRESS			1				
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STREET ADDRESS			TY-ST-ZIP				,
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: