

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S20952** (5)

1. Corporation Name

1739 SOUTH OCEAN, INC.

Principal Place of Business

**265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480**

Mailing Address

**265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SAFRAN, PAUL JR.
265 SUNRISE AVE.
SUITE 204
PALM BEACH FL 33480**

3. Date Incorporated or Qualified

12/26/1990

3a. Date of Last Report

08/09/1995

4. FLI Number

65-0235967

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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, if an individual agent.

(NOTE: Registered Agent Signature required with incorporation.)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PD
PROSPERI, A. PAUL
265 SUNRISE AVE. #204
PALM BEACH FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**SD
BENNEMANN, DAGMAR
265 SUNRISE AVE. #204
PALM BEACH FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

P/T/D

Bennemann-Eichberg, Dagmar

VP/S

**Safran, Paul, Jr.
265 Sunrise Ave.
Suite 204**

Palm Beach, FL 33480

AVP/D

**Bennemann, Sascha
265 Sunrise Ave., #204
Palm Beach, FL 33480**

SIGNATURE:

Dagmar Bennemann-Eichberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Febr. 07-96

Date

Daytime Phone #

CR2E034 (12/95)