FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: **12/26/1990**

3a. Date of Last Report: **08/09/1995**

4. FEI Number: **65-0235967** — Applied For / Not Applicable

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 — Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc — 27

City & State — 28

Zip — 29 — Country — 30

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

9. **Name and Address of Current Registered Agent**

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

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 and title if applicable — (NOTE: Registered Agent's signature must be notarized) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD — XX DELETE
NAME	PROSPERI, A. PAUL
STREET ADDRESS	265 SUNRISE AVE. #204
CITY-ST-ZIP	PALM BEACH FL
TITLE	SD — ☐ DELETE
NAME	BENNEMANN, DAGMAR
STREET ADDRESS	265 SUNRISE AVE. #204
CITY-ST-ZIP	PALM BEACH FL
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	XX Change ☐ Addition
2.2 NAME	P/T/D
2.3 STREET ADDRESS	Bennemann-Eichberg, Dagmar
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change XX Addition
3.2 NAME	VP/S
3.3 STREET ADDRESS	Safran, Paul, Jr.
3.4 CITY-ST-ZIP	265 Sunrise Ave.
4.1 TITLE	Suite 204
4.2 NAME	Palm Beach, FL 33480
4.3 STREET ADDRESS	☐ Change XX Addition
4.4 CITY-ST-ZIP	AVP/D
5.1 TITLE	Bennemann, Sascha
5.2 NAME	265 Sunrise Ave., #204
5.3 STREET ADDRESS	Palm Beach, FL 33480
5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Dagmar Bennemann-Eichberg — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Febr. 07-96 — Date — Daytime Phone #

CR2E034 (12/95)