

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S60234 (9)

1. Corporation Name
OCEAN HOUSE, INC.



Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD. STE. #302 MIAMI FL 33180	20801 BISCAYNE BLVD. STE. #302 MIAMI FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1250 E. Hallandale Beach Blvd Suite, Apt. #, etc. 22 Suite 809 City & State 23 Hallandale, FL Zip 24 33009	25 us 26 1250 E. Hallandale Beach Blvd Suite, Apt. #, etc. 27 Suite 809 City & State 28 Hallandale, FL Zip 29 33009 Country 30 us

3. Date Incorporated or Qualified	Applied For
06/17/1991	Not Applicable
4. FEI Number	Applied For
65-0283452	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BRYAN, ROBERT P
815 N. RED ROAD
STE. 201
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LECHTER, ROBERT	
STREET ADDRESS	20801 BISCAYNE BLVD, S302	
CITY-ST-ZIP	MIAMI FL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	LECHTER, LORENA	
STREET ADDRESS	20801 BISCAYNE BLVD, S302	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LECHTER, LORENA	
STREET ADDRESS	20801 BISCAYNE BLVD, S302	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LECHTER, ROBERT	
1.3 STREET ADDRESS	1250 E. Hallandale Beach Blvd, Ste 809	
1.4 CITY-ST-ZIP	Hallandale, FL 33009	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lechter, LORENA	
3.3 STREET ADDRESS	1250 E. Hallandale Beach Blvd., Ste 809	
3.4 CITY-ST-ZIP	Hallandale, FL 33009	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE _____

CR2E034 (10/97)