

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90016 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S60234**

1. Corporation Name  
**OCEAN HOUSE, INC.**

Principal Place of Business  
 1250 E HALLANDALE BEACH BLVD  
 SUITE 809  
 HALLANDALE FL 33009  
 US

Mailing Address  
 1250 E HALLANDALE BEACH BLVD  
 SUITE 809  
 HALLANDALE FL 33009  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **11503 E. HALLANDALE BCH BLVD**

2a. Mailing Address  
 27 **11503 E. HALLANDALE BCH BLVD**

3. Date Incorporated or Qualified  
**06/17/1991**

4. FEI Number  
**65-0283452**

23 **HALLANDALE FL**  
 24 **33009** 25 **USA**

28 **HALLANDALE FL**  
 29 **33009** 30 **USA**

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 owes the current year Intangible Personal Property Tax.  Yes  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 **ROBERT LECHTER**  
 82 Street Address (P.O. Box Number is Not Acceptable) **11503 E. HALLANDALE BCH BLVD**  
 83  
 84 City **HALLANDALE** 85 Zip Code **FL 33009**

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 **ROBERT LECHTER**

DATE **4/27/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>	<input type="checkbox"/> DELETE
NAME	<b>LECHTER, ROBERT</b>	
STREET ADDRESS	<b>1250 E HALLANDALE BEACH BLVD STE 809</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LECHTER, LORENA</b>	
STREET ADDRESS	<b>1250 E HALLANDALE BEACH BLVD STE 809</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>PDS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LECHTER, ROBERT</b>	
1.3 STREET ADDRESS	<b>11503 E. HALLANDALE BCH BLVD</b>	
1.4 CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LECHTER, LORENA</b>	
2.3 STREET ADDRESS	<b>11503 E. HALLANDALE BCH BLVD</b>	
2.4 CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

DATE **4/27/99** DAYTIME PHONE # **954.455-3660**

CR2E034 (11/98)