


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 Suite, Apt. #, etc.	2a. Mailing Address 20 11503 E. HALLANDALE Suite, Apt. #, etc.
22 City & State 23 HALLANDALE FL	27 City & State 28 HALLANDALE FL
24 Zip 33009	25 Country USA
29 Zip 33009	30 Country USA

3. Date Incorporated or Qualified 06/17/1991	4. FEI Number 65-0283452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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
ROBERT LECHTER
 82 Street Address (P.O. Box Number is Not Acceptable)
11503 E. HALLANDALE BCH BLVD
 83
 84 City
HALLANDALE **FL** 85 Zip Code
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	PDS	<input type="checkbox"/> DELETE
NAME	LECHTER, ROBERT	
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD STE 809	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LECHTER, LORENA	
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD STE 809	
CITY-ST-ZIP	HALLANDALE FL 33009	
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	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LECHTER, ROBERT	
1.3 STREET ADDRESS	11503 E. HALLANDALE BCH BLVD	
1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LECHTER, LORENA	
2.3 STREET ADDRESS	11503 E. HALLANDALE BCH BLVD	
2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
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: ROBERT LECHTER SIGNATURE REQUIRED DATE: **4/27/99** DAYTIME PHONE #: **954.455-3660**

CR2E034 (11/98)