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

APPROVED AND FILED
1996 APR -2 AM 10: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S76860** **(3)**

1. Corporation Name
OCEAN RETREAT MOTEL, INCORPORATED

Principal Place of Business
901 NW 31ST AVENUE
LOT 36
POMPANO BEACH FL 33069

Mailing Address
901 NW 31ST AVENUE
LOT 36
POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 08/28/1991
3a. Date of Last Report: 10/18/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 225 North Federal Hwy
Suite, Apt. #, etc.
27 Suite 650
City & State
28 Pompano Beach, FL
Zip 29 33062 Country 30 USA

4. FEI Number: 65-0281803 — 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

9. Name and Address of Current Registered Agent
BLOUIN, MARC A
901 NW 31ST AVENUE
LOT 36
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent
81 Name: Richard H. Shults, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 225 N. Federal Hwy, Ste 650
83
84 City: Pompano Beach FL 85 Zip Code: 33062

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: Richard H. Shults, P.A. — Signature typed or printed name of registered agent and title if applicable. Richard H. Shults, Pres. — NOTE: Registered Agent Signature required when registering. 04/01/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	ALLAIRE, ANDRE	
STREET ADDRESS	901 NW 31ST AVENUE LOT 36	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	PS	☒ DELETE
NAME	BLOUIN, MARC A.	
STREET ADDRESS	901 NW 31ST AVENUE LOT 36	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	☐ DELETE
NAME	BISBAU, PATRICIA	
STREET ADDRESS	901 NW 31ST AVENUE LOT 36	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
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	Pres, Sec, Trea,	☒ Change ☐ Addition
1.2 NAME	Allaire, Andre	
1.3 STREET ADDRESS	75 Chemin DeLagare	
1.4 CITY-ST-ZIP	Bloc c2 St-Sauveur, Que Canada J0R 1R6	
2.1 TITLE	V.P.	☒ Change ☐ Addition
2.2 NAME	Bisbau, Patricia	
2.3 STREET ADDRESS	3001 Rue Claude	
2.4 CITY-ST-ZIP	St-Sauveur, Que, Canada J0R 1R3	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

FLORIDA PROFIT CORPORATION
C00000076860
04/02/96 01121 013
$225.00 $225.00

CR2E034 (12/95)

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 03/29/96 Date — 514-227-3735 Daytime Phone

VSH 4/2/96