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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S76860 (3)

1. Corporation Name

OCEAN RETREAT MOTEL, INCORPORATED

Principal Place of Business

801 N.W. 31ST AVE LOT 36  
POMPANO BEACH FL 33069

Mailing Address

801 N.W. 31ST AVE LOT 36  
POMPANO BEACH FL 33069-1129

3. Date Incorporated or Qualified  
08/28/1991

3a. Date of Last Report  
04/02/1996

2. Principal Place of Business  
21 1508 N OCEAN BLVD.

2a. Mailing Address  
26 1508 N OCEAN BLVD.

4. FEI Number  
65-0281803

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 City & State  
POMPANO BEACH FL.

28 City & State  
POMPANO BEACH FL.

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip Country  
33062 U.S.A.

29 Zip Country  
33062 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOUIN, MARC A  
901 N.W. 31ST AVE LOT 36  
POMPANO BEACH FL 33069

81 Name  
ANDRE ALLAIRE

82 Street Address (P.O. Box Number is Not Acceptable)  
1508 N OCEAN BLVD.

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  
ANDRE ALLAIRE

DATE  
04/23/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
BLOUIN, MARC A  
901 N.W. 31ST AVE LOT 36  
POMPANO BEACH FL 33069

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Pres. Sec. Tres.  
ANDRE ALLAIRE  
1508 N OCEAN BLVD.  
POMPANO BEACH FL. 33062

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
BISBAU, CLAUDINE  
3001 RUE CLAUDE  
ST. SAUVEUR, QUE CANADA J0R1R-3

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

14. I do 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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/97 954-942-1493

Date

Daytime Phone #

0154842

CR2E034 (9/96)