PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V18692

OCEAN WALK DEVELOPMENT, INC.

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90007 021 ***150.00

| | BI 31111 31111 BLI | |
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| Principal Place | of Business | Mailing Address | | | | | | | |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------|------------|------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------|----------------|---------------|
| 410 NORTH HALIFAX AVENUE 535 SILVER BEACH | | | | | | | | | |
| SUITE D | | DAYTONA BEACH FL 32118 | | | | DO NOT WRITE IN THIS STACE | | | |
| DAYTONA BEAC | CH FL 32118 | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
| | | | | | | | Quanted | | { |
| | | D. Marillan Andress | | | | 03/04/1992 4. FEI Number | <u></u> | | pplied For |
| 2. Principal Place of Business | | 2a. Mailing Address | | | · · | | | lot Applicable | |
| 21 | | 26 | | | 59-3109369 | | | Additional | |
| Suite, Apt. #, etc. | | — · · · | Suite, Apt. #, etc. | | | 5. Certifcate of Status D | esired | | Required |
| 22 | | | 27 | | | | · | | |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| 23 | | Zip Country | | | | | • | lorees | |
| Zip Country | | ├ ¬ ' ┌── | | | This corporation owe Personal Property Ta | • | angrore ⊠ Yes | □No | |
| 24 | 25 | 29 30 | <u> </u> | | | 10. Name and Address | | <u> </u> | |
| | 9. Name and Address of Current | Registered Agent | 8 | 1 Nar | | 10. Name and Address | or new registered | ngent | |
| AMD | EDOON GEODGE D | | ا ا | 1,40 | | | | | |
| ANDERSON, GEORGE D. | | | 82 Street | | eet Addres | ss (P.O. Box Number is No | ot Acceptable) | _ | |
| 3010 PENINSULA DRIVE | | | | | | | . | | |
| DAYTONA BEACH FL 32118 | | | 8 | 3 | | | | | İ |
| | | | 8 | 4 City | y | | FL | 85 Zip | Code |
| | to the provisions of Sections 607.0502 | | 411 | | | nation automito this statemen | | changing if | te registered |
| office or r | to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | of Florida. Such change was auth | orized b | y the co | orporation | i's board of directors. I her | eby accept the appoi | ntment as i | egistered |
| SIGNATURE | | (NOTE: De | gistared An | not signat | hura required y | when reinstating) | DATE | | |
| 40 | Signature, typed or printed name of registered agent OFFICERS ANI | | 13. | ent signat | uit iequited i | ADDITIONS/CHANGE | | ID DIRECT | ORS IN 12 |
| 12. TITLE | | DELETE | 1.1 TITLE | | | NOBITION OF INTO | 0 10 01110210111 | ☐ Change | |
| | DP | | 1.2 NAME | | | | | | |
| NAME | ANDERSON, GEORGE D. | | | ET ADDRE | Eee | | | | |
| STREET ADDRESS | 3010 S. PENINSULA DR. | | | | 233 | | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32118 | DELETE | 1.4 CITY- 2.1 TITLE | | | | | Change | Addition |
| TITLE | DVT | D DECE IC | i - | | | | | | |
| NAME | GEARY, WILLIAM W., JR. | | 2.2 NAME | | l | | | | |
| STREET ADDRESS | 00.0 0.1 -1 | | | ET ADDRE | ESS | | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32118 | | 2.4 CITY | | | | | Character 1 | Addition |
| TITLE | DVS | ☐ DELETE | 3.1 TITLE | | | | ÷ . | Change | - Clangingui |
| NAME | Fincke, Gerald B | | 3.2 NAME | = | | | | | |
| STREET ADDRESS | 5766 PENDLEBURY CT | | 3.3 STRE | ET ADDRI | ESS | | | | |
| CITY-ST-ZIP | PORT ORANGE FL 32127 | | 3.4. CITY | -ST-ZIP | | | | | · . |
| TITLE | | ☐ DELETE | 4.1 TITLE | ! | | | | ☐ Change | Addition |
| NAME | | | 4. 2 NAM | E | | | | | |
| STREET ADDRESS. | | | 4.3 STRE | ET ADDRE | ESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | | *** | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | - | ☐ Change | Addition |
| NAME | | | 5.2 NAME | Ē | | | | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADORI | ESS | | | | ſ |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | | Change | Addition |
| NAME | | | 6.2 NAME | E | | | | | i |
| STREET ADDRESS | | | 6.3 STRE | ET ADDRI | ESS | | | | |
| | | | 6.4 CITY- | | | | | | 1 |
| CITY-ST-ZIP | | | . | | 1 | | | | |

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 a meddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP