

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

DOCUMENT # **V30213** (5)

1. Corporation Name
1141 NORTH OCEAN, INC.



Principal Place of Business: **1141 N OCEAN DRIVE SINGER ISLAND FL 33404**
Mailing Address: **1141 N OCEAN DRIVE SINGER ISLAND FL 33404**

3. Date Incorporated or Qualified: **04/21/1992**
3a. Date of Last Report: **05/01/1995**
4. FE# Number: **65-0330811**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: 24. Country:
25. Mailing Address
26. Suite, Apt. #, etc.:
27. City & State:
28. Zip: 29. Country:
30.

9. Name and Address of Current Registered Agent

**WALTER, MARK
1141 N OCEAN DRIVE
SINGER ISLAND FL 33404**

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: **FL** 85. Zip Code:

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: WALTER, MARK	1.1 TITLE: PT	1.2 NAME: WALTER, MARK
STREET ADDRESS: 1141 N OCEAN DRIVE	CITY-ST-ZIP: SINGER ISLAND FL	1.3 STREET ADDRESS: 1141 N OCEAN DR	1.4 CITY-ST-ZIP: SINGER ISLAND, FL 33404
TITLE: VP	NAME: KAREN, WALTER	2.1 TITLE: VPS	2.2 NAME: LOZOTT, JAMES
STREET ADDRESS: 1141 N. OCEAN DR.	CITY-ST-ZIP: SINGER ISLAND FL	2.3 STREET ADDRESS: 1141 N. OCEAN DR	2.4 CITY-ST-ZIP: SINGER ISLAND, FL 33404
TITLE:	NAME:	3.1 TITLE:	3.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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, upon an attachment with full address.

SIGNATURE:

Mark B. Walter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

407-845-2346

CR2E034 (12/95)