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Apr 30 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 # **V45244** (3)  
1. Corporation Name  
**OCEAN RESORT REALTY & MANAGEMENT CO.**

Principal Place of Business Mailing Address  
**351 U.S. 1** **351 U.S. 1**  
**SUITE 100** **SUITE 100**  
**JUPITER FL 33477** **JUPITER FL 33477-5978**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/15/1992</b>	3a. Date of Last Report <b>04/25/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0338382</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BACHMAN, KENNETH C. JR.**  
**351 U.S. 1**  
**SUITE 100**  
**JUPITER FL 33477**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACHMAN, KENNETH JR.</b>	1.2 NAME	
STREET ADDRESS	<b>825 CENTER ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER FL</b>	1.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORROW, STACEY</b>	2.2 NAME	
STREET ADDRESS	<b>825 CENTER STREET, #57B</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER FL</b>	2.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORROW, SCOTT</b>	3.2 NAME	
STREET ADDRESS	<b>825 CENTER STREET, #57B</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JUPITER FL</b>	3.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAUTENSTRAUCH, GREGG</b>	4.2 NAME	
STREET ADDRESS	<b>7431 S.E. JAMESTOWN TERR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOBE SOUND FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

*Kenneth C. Bachman Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kenneth C. Bachman Jr.*  
Date 5/1/97 Daytime Phone 347 6022

CR2E034 (9/96)