

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 684672 (9)

1. Corporation Name
OAKBROOK CONSTRUCTION, INC.



Principal Place of Business Oakbrook Homes Inc. 3435 Enterprise Ave. #52 Naples, FL 34104	Mailing Address Oakbrook Homes Inc. 3435 Enterprise Ave. #52 Naples, FL 34104
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	08/19/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		59-2072464	
Zip		Zip		5. Certificate of Status Desired	
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GALLI, EDWARD R.
1100 6TH AVE SOUTH.
NAPLES FL 33040

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 EDWARD R. Galli DATE 4/15/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	DP		
NAME	GALLI, EDWARD R		
STREET ADDRESS	1100 6TH AVE SOUTH.		
CITY-ST-ZIP	NAPLES, FL 00000		
TITLE	VP		
NAME	GALLI, KEVIN		
STREET ADDRESS	865 TANBARK DR UNIT 22		
CITY-ST-ZIP	NAPLES FL		
TITLE	ST		
NAME	GALLI, LINDA L		
STREET ADDRESS	127 EUGENIA DR		
CITY-ST-ZIP	NAPLES FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 an address.

SIGNATURE Edward R. Galli DATE 4/15/98

CR2E034 (10/97)