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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90067 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **684672**

1. Corporation Name
OAKBROOK CONSTRUCTION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: OAKBROOK HOMES, INC. 3435 ENTERPRISE AVE #52 NAPLES FL 34104 US
 Mailing Address: OAKBROOK HOMES, INC. 3435 ENTERPRISE AVE #52 NAPLES FL 34104 US

3. Date Incorporated or Qualified
08/19/1980

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

4. FEI Number: **59-2072464**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
GALLI, EDWARD R.
Oakbrook Homes Inc.
3435 Enterprise Ave. #52
Naples, FL 34104

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** *ED Galli* DATE: **4/16/99**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | GALLI, EDWARD R | |
| STREET ADDRESS | 1100 6TH AVE SOUTH 3435 ENTERPRISE AVE | |
| CITY-ST-ZIP | NAPLES, FL 34104 #52, NAPLES FL 34104 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | GALLI, KEVIN | |
| STREET ADDRESS | 805 TANDARK DR UNIT 22 176 PALM VIEW ST. | |
| CITY-ST-ZIP | NAPLES FL NAPLES FL 34110 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | GALLI, LINDA L | |
| STREET ADDRESS | 127 EUGENIA DR | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, with all other like empowered.

SIGNATURE: *EDWARD R. GALLI* DATE: **4/16/99** DAYTIME PHONE: **941-263-3466**

CR2E034 (1/98)