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**Apr 17 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 # F72727 (3)
1. Corporation Name
OAKS PROPERTIES, INC.



Principal Place of Business
**% ORA S. MCALISTER
U.S. HWY 98, AT THE BRIDGE
PANACEA FL 32346**

Mailing Address
**P.O. BOX 26
PANACEA FL 32346-0026
US**

3. Date Incorporated or Qualified
03/19/1982

3a. Date of Last Report
06/10/1996

4. FEI Number
59-2170937

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 Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

30 Zip Country

9. Name and Address of Current Registered Agent

**OAKS, ORA S
US HWY 98, AT THE BRIDGE
P.O. BOX 26
PANACEA FL 32346**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

TITLE DELETE

NAME **PTS**

STREET ADDRESS **OAKS, ORA S**

CITY-ST-ZIP **P.O. BOX 26 NA PANACEA FL**

TITLE DELETE

NAME **D**

STREET ADDRESS **OAKS, ORA S**

CITY-ST-ZIP **PO BOX 26 (NA) PANACEA FL**

TITLE DELETE

NAME **V**

STREET ADDRESS **SHEALY, SONJA L**

CITY-ST-ZIP **103 POQUITO RD SHALIMAR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Ora S. Oaks* **OAKS PROPERTIES, INC.** **ORA S OAKS** 4.14.97 926-7849

CR2E034 (9/96)