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95 MAY 10 PM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F 88620 (2)  
1. Corporation Name

SEVEN OAKS ASSOCIATES, INC.

Principal Place of Business

Mailing Address

9/ RICHARD F. WHEELER  
217 EAST ROBERTSON  
BRANDON, FL 33511

10 RICHARD F. WHEELER  
217 EAST ROBERTSON  
BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/28/1982  
3a. Date of Last Report 04/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	25	59-2200205	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	29		
	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHEELER, RICHARD F  
217 EAST ROBERTSON STREET  
BRANDON, FL 33511

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

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. DATE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARLEY, DOUGLAS H	1.2 NAME	
STREET ADDRESS	13 SIDNEY ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	TORONTO, ONT, CANADA	1.4 CITY - ST - ZIP	
	M4V 2G3	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY - ST - ZIP	
CITY - ST - ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY - ST - ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
NAME		4.4 CITY - ST - ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
NAME		5.4 CITY - ST - ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
NAME		6.4 CITY - ST - ZIP	
STREET ADDRESS			
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)(b), Florida Statutes. I further certify that the information indicated in 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, unchanged, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 2/1995 (416) 923-8166

DATE SIGNATURE (Please Print)