


FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # G78602 (1)</b>		
<b>1. Corporation Name</b> <b>LONE OAK CORPORATION</b>		
<b>Principal Place of Business</b> <b>1300 N SEMORAN BLVD</b> <b>SUITE 100</b> <b>ORLANDO FL 32807</b> <b>US</b>	<b>Mailing Address</b> <b>P. O. BOX 574738</b> <b>P.O. BOX 770398</b> <b>ORLANDO FL 32857-4738</b> <b>US</b>	
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	
<b>9. Name and Address of Current Registered Agent</b>		
<b>BATTAGLIA, R.E.</b> <b>1300 N SEMORAN BLVD SUITE 100</b> <b>P O BOX 574738</b> <b>ORLANDO FL 32857</b>		<b>81</b> Name <b>82</b> Street Address <b>83</b> <b>84</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation, agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>		
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)		
<b>12. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> <b>BATTAGLIA, S.C.</b> <b>881 MAYFIELD AVENUE</b> <b>WINTER PARK FL</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DST</b> <b>BATTAGLIA, JEANNE P.</b> <b>881 MAYFIELD AVENUE</b> <b>WINTER PARK FL</b> <input checked="" type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DVS</b> <b>BATTAGLIA, R.E.</b> <b>1300 N SEMORAN BLVD SUITE 100</b> <b>ORLANDO FL</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DVT</b> <b>BATTAGLIA, W.P.</b> <b>1140 KEYES AVE</b> <b>WINTER PARK FL</b> <input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed or on an attachment with an address.</b>		
<b>SIGNATURE:</b> <u>R. E. Battaglia</u> <b>R. E. Battaglia</b>		



CPA2E034 (9/96)