


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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90009 019 \*\*\*450.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M95495.**  
 1. Corporation Name  
**OXFORD FINANCIAL INC.**



Principal Place of Business 6681 49TH STREET NORTH PINELLAS PARK FL 33781 US	Mailing Address 6681 49TH STREET NORTH PINELLAS PARK FL 33781 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 09/01/1988	4. FEI Number 59-2348101	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  HALPRIN, DAVID A. 6681 49TH STREET NORTH PINELLAS PARK FL 33781		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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME BRAME, ELAINE J.	1.1 TITLE DST <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME Laura A. Halprin
STREET ADDRESS 5751 APPLECROSS	CITY-ST-ZIP ST PETERSBURG FL 33709	1.3 STREET ADDRESS 6681 49th St. No.	1.4 CITY-ST-ZIP Pinellas Park, Fl 33781
TITLE D <input type="checkbox"/> DELETE	NAME SEGREDO, SHARON R	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6681 49TH STREET NORTH	CITY-ST-ZIP PINELLAS PARK FL 33781	2.2 NAME	
TITLE PD <input type="checkbox"/> DELETE	NAME HALPRIN, DAVID A	2.3 STREET ADDRESS	
STREET ADDRESS 6681 49TH STREET NORTH	CITY-ST-ZIP PINELLAS PARK FL 33781	2.4 CITY-ST-ZIP	
TITLE DVP <input type="checkbox"/> DELETE	NAME HALPRIN, MICHAEL J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6681 49TH STREET NORTH	CITY-ST-ZIP PINELLAS PARK FL 33781	3.2 NAME	
TITLE VPD <input type="checkbox"/> DELETE	NAME HALPRIN, LAURA A	3.3 STREET ADDRESS	
STREET ADDRESS 6681 49TH STREET NORTH	CITY-ST-ZIP PINELLAS PARK FL 33781	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Laura A. Halprin      4/13/99      727 521 4664  
Date      Daytime Phone #

CR2E034 (11/98)