Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90053 022 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000072681

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

OAKLAND REAL ESTATE COMPANY

O, 14 C, 114	P HERE CONNECTION								
Principal Place of Business		Mailing Address				1 10011001 1101 1111 1111)III 68 111 68 111 .		
11506 LIPSEY RD.		P.O. BOX 273992							
TAMPA FL 33618		TAMPA FL 33688-3992			DO NOT WR	ITE IN THIS	SPACE		
	,					Date Incorporated or Qualifed			
						09/20/1995			
2. Deinsinal Di	tone of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
2. Principal Place of Business		26. Mailing Address			59-3335196		 	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		\$8.75 A		
22		27			5. Certificate of Status Desired		Fee Rec		
City & State		City & State			6. Election Campaign Financing		\$5.00 +	Mav Be	
23		28			Trust Fund Contribution		Added to		
Zip	Country	Zip	Country	y		8. This corporation owes the cur	rent year Int	angible	
24	25	29 30	o d			Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent		,		10. Name and Address of New	Registered	Agent	
			81	l Nan	ne				
COYNE, CHRISTOPHER			82	2 Stre	et Addres	ss (P.O. Box Number is Not Accept	able)		
11506 LIPSEY ROAD			· L						
IAM	PA FL 33618		83	3					
			84	City		4 4 74 74 7	FL	85 Zip C	ode
11 Dumumt	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the abov	/e•nam	ed corpor	ration submits this statement for the	purpose of	changing its r	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	ionzed hi	/ the co	rporation	's board of directors. I hereby acce	pt the appoi	ntment as reg	jistered
SIGNATURE									
	Signature, typed or printed name of registered age			ent signatu	re required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE	UD DIRECTO	RS IN 12
12.		ID DIRECTORS	13. 1.1 TITLE		$\overline{}$	ADDITIONS/CHANGES TO OF	TICENS AI	☐ Change	Addition
TITLE	PD CAUDICTODIUS		1.2 NAME					_ ,	_
NAME	COYNE, CHRISTOPHER	ļ	1.2 NAME						
STREET ADDRESS	11506 LIPSEY ROAD	ļ			20				
CITY-ST-ZIP	TAMPA FL 33618	☐ DELETE	1.4 CITY-:	Si-ZIP	-			Change	Addition
TITLE		Cocce	2.2 NAME		- }				_
NAME									
STREET ADDRESS	-	- · ·	2.3 STREE	-	· -		- •		•
CITY-ST-ZIP		☐ DELETE	2, 4 CITY- 3,1 TITLE		+-			☐ Change	☐ Addition
			3.2 NAME					-	
NAME OTDEET ADDDESS			3.3 STREE		88				
STREET ADDRESS			3.4. CITY-						
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		+-			Change	Addition
		L, 500-10	4, 2 NAME						
NAME OTDEET ADDDEES			4.3 STREE		88				
STREET ADDRESS			4.4 CITY-						
CITY-ST-ZIP		☐ DELETE	5.1 TITLE					Change	Addition
			5.2 NAME					-	
NAME STREET ADDRESS			5.3 STREI		ss	•			
			5.4 CITY-						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		1	-		☐ Change	Addition
NAME	1		62 NAME	:				_	

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 by the same tegal 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 by the same tegal 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 by the same tegal 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 by the same tegal effect as if made under oath; that I am an officer or director of the corporation of the

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE