


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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #P96000012042**  
 1. Corporation Name  
**Oak Royale Association, Inc.**

Principal Place of Business      Mailing Address  
**P.O. Box 2563**  
**Titusville, FL 32781-2563**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	02-02-96	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
22	27	<b>APPLIED FOR</b>	<b>\$8.75 Additional Fee Required</b>
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

**9. Name and Address of Current Registered Agent**

**Carl Wasileski**  
**507 Palm Ave.**  
**Titusville, FL 32796**

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Numbers 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	Tony Alaimo	
STREET ADDRESS	P.O. Box 2563	
CITY-ST-ZIP	Titusville, FL 32781-2563	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	Jeanne Lyerly	
STREET ADDRESS	P.O. Box 2563	
CITY-ST-ZIP	Titusville, FL 32781-2563	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	Harry Merritt	
STREET ADDRESS	P.O. Box 2563	
CITY-ST-ZIP	Titusville, FL 32781-2563	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3883 EAGLE PLACE</b>
1.4 CITY-ST-ZIP	<b>Titusville, FL, 32796</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3693 Royal Oak Drive</b>
2.4 CITY-ST-ZIP	<b>Titusville FL 32780</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>3691 Royal Oak Drive</b>
3.4 CITY-ST-ZIP	<b>Titusville FL 32780</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>300002165003</b>
6.4 CITY-ST-ZIP	<b>-05/05/97--01013--008</b>
	<b>***165.00</b>

**RW 5-1-97**

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:** *[Signature]* **HARRY A. MERRITT JR**      04/09/97      (607)-262-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Type or Print Name)

CR2E034 (9/96)