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

- PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Secretary of State 02-22-1999 90016 008 ***150.00

FILED Feb 22, 1999 8:00 am

1999

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

11 20.50.000	MENT # P98000 OAK HOME, INC.	052658				
Principal Place of Business Mailing Address						ORIEL DIIKO IIQID BIIDI DIIDI IDII IBDI
3074 OAK HILL RD. CLEARWATER FL 33759		3074 OAK HILL RD. CLEARWATER FL 33759		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address					06/10/1998	
21 Philipai P	lace of Busiliess	2a. Mailing Address	- ¬ *		4. FEL Number 59-352 4461	Applied For Not Applicable
Suite. Apt. #. etc.		Suite, Apt. #, etc.			_	\$8.75 Additional
22 27			-		5. Certificate of Status Desired	Fee Required
City & Stat	City & State City & State				6. Election Campaign Financing	\$5:00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country				8. This corporation owes the current year Intangible	
24	25		30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	it Registered Agent	8	1 Name	10. Name and Address of New Registe	red Agent
CISZKOWSKI, WOJTEK 3074 OAK HILL RD. CLEARWATER FL 33759				3 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.		ID DIRECTORS	13.	ent signature re	quired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER:	
TITLE	D	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICER.	Change Addition
NAME	CISZKOWSKI, WOJTEK		1.2 NAME		•	• •
STREET ADDRESS	3074 OAK HILL RD.			ET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		1.4 CITY-	i		,
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME	:	•	
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE	DELETE		3.1 TITLE			Change _ Addition
NAME			3.2 NAME		•	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	•	
TITLE			4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	.		
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	• •	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			

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.

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:∕<u>∕∕∕∕////E</u>

☐ Change

☐ Addition