## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	RPORATION  JAL REPORT  1996	Sandra B. Secretary DIVISION OF C				
	MENT # <b>P9500</b> 0	0038201 (6)	······································			
	ENT OAKS, INC.					
ill nno pal Place	e of Business	Mailing Address			ı Oğisi Oğiog Dilbi iği	18 31011 80101 1181 1001
5471 CYNTHIA LANE SARASOTA FL 34232  5471 CYNTHIA LANE SARASOTA FL 34232						
				3. Date incorporated or Qualified 05/15/1995	3a. Date of L	
. Frincipal P	Place of Business	2a. Mailing Address 26		4, FEI Number 65-0596765	:	Applied For Not Applicable
l - Suite, Apt 	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required
Oity & Stat	te:	City & State		6. Election Campaign Financing		5.00 May Be
	Country	<b>Z</b> (p)	Country	Trust Fund Contribution  8. This corporation has liability for	intangible tax un	Added to Fees der s 199.032,
1	25 9. Name and Address of Current		30	Florida Statutes Yes	s [X] No Registered Ager	nt
Pursuant or registe familiar v	t to the provisions of \$500 ons 607,0502 ered agent, or both the Stat of thing with, and accept the diagram of sign	and 507, 1508, Florida Statutes A Such change was authorized 1, 607,0505, Florida Statules.	84 City Sax , the above named corporation's boar	rasota, :: ration submits this statement for the purify of directors. I hereby accept the app	FL 89 urpose of changin pointment as regis	1 34232
SIGNATURÈ	Signatural system printed man el of registero d'agri il a	estricient spykloatió (NOT)	Registered Agent signature require		DATE	
2.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIR	
II. <b>f</b>	P/T/S	DELFIE	1 1 TIFLE 1 12 NAME			ionge
AME Profil addiress	David McNabb 5471 Cynthia Lane		1.3 STREET ADDRESS			
HY-S1-ZIF	Sarasota, FL 34232		1.4 CITY - ST-ZIP			
li f	V .	[] DELFTE	2 1 TITLE		C)	nange 🔲 Addition
GME	Doris McNabb		2 2 NAME			
THEET ACTIFIESS			2 3 STREET ADDRESS			
II.Y⊹S1÷Ziři II.F	Sarasota, Fl 34232	DELETE	2 4 CITY - ST - Z-P 3 1 TITLE		□ CI	nange Addition
AMÉ		<u> </u>	32 NAME			
TREE FADORESS			3 3 STREET ADDRESS			
ary - St - ZiF	. 1		3 4 CITY - S1 - ZIP			Addition
HL:		DELETE	4. 1 TITLE		□ c	nange [] Addition
IAME	. [		4.2 NAME			
STREET ACORESS	5		4.3 STREET ADDRESS 4.4 C/TY-ST-ZIP			
EF & ST-7P		DELEIE	5 1 TITLE			hange 🔲 Addition
NAMI			5.2 NAME			
STREET ACORESS	s		53 STREET ADDRESS			
Cin St-70		FT prices	5 4 CITY - ST - ZIP		ПС	hange
TILF		DELETE	6 1 TITLE 6 2 NAME		L) v	Manage Assumed
VAME Construction Actoristics	e l		6.3 STREET ADDRESS			
STREET ADDRESS	"		O G G PART I RODINGOG			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify that I am an officer or director of the corporation or the receivor 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. For an attailment with an address.

SIGNATURE:

IN ALL DOUBLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26946

379-2058

CR2E034 (12/95)