

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90007 020 ***150.00

DOCUMENT # 501562

1. Corporation Name

POLO REALTY, INC.

Principal Place of Business

**18000 JOG RD.
BOCA RATON FL 33496
US**

Mailing Address

**18000 JOG RD.
BOCA RATON FL 33496
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1976

4. FEI Number

73-1011327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE MENDOZA, MARIO G III, ESQ
251 ROYAL PALM WAY, SIXTH FLOOR
PALM BEACH FL 33480**

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
OXLEY, THOMAS E.
11798 GREYSTONE DRIVE
BOCA RATON FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
RAINS, THOMAS E.
1300 WILLIAMS CNTR TOWER
TULSA OK**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
KING, JEAN
1305 WILLIAMS CTR TOWER
TULSA OK**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT & AS
WHITE, COLLEEN
1305 WILLIAMS CTR TOWER
TULSA OK**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
OXLEY, JOHN C
1300 WILLIAMS CENTER TWR.
TULSA OK**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**Secretary
Michael W. Pierce
801 B Philtower Bldg
Tulsa, OK 74103**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas E. Rains, Vice-President

4/23/99

Date

(918) 584-1978

Daytime Phone #

CR2E034 (11/98)