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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 566564 (1)
1. Corporation Name
OAKS MANAGEMENT COMPANY



Principal Place of Business Mailing Address
9150 SW 87 AVE.
STE. 205
MIAMI FL 33176
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/24/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1799125	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDBERG, ROBERT S 9150 SW 87 AVE., #205 MIAMI FL 33176				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE		PD		1.1 TITLE		Change		Addition		Change		Addition			
NAME		GOLDBERG, ROBERT S.		1.2 NAME											
STREET ADDRESS		9150 SW 87 AVE., #205		1.3 STREET ADDRESS											
CITY-ST-ZIP		MIAMI FL		1.4 CITY-ST-ZIP											
TITLE		ST		2.1 TITLE		Change		Addition		Change		Addition			
NAME		GOLDBERG, ROBERT S.		2.2 NAME											
STREET ADDRESS		9150 SW 87 AVE., STE. 20		2.3 STREET ADDRESS											
CITY-ST-ZIP		MIAMI FL		2.4 CITY-ST-ZIP											
TITLE				3.1 TITLE		Change		Addition		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		Change		Addition			
NAME				4.2 NAME											
STREET ADDRESS				4.3 STREET ADDRESS											
CITY-ST-ZIP				4.4 CITY-ST-ZIP											
TITLE				5.1 TITLE		Change		Addition		Change		Addition			
NAME				5.2 NAME											
STREET ADDRESS				5.3 STREET ADDRESS											
CITY-ST-ZIP				5.4 CITY-ST-ZIP											
TITLE				6.1 TITLE		Change		Addition		Change		Addition			
NAME				6.2 NAME											
STREET ADDRESS				6.3 STREET ADDRESS											
CITY-ST-ZIP				6.4 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.

SIGNATURE: [Signature]

CR2E034 (10/97)