

DOCUMENT # 692436			
1. Entity Name			
OAKHURST MANAGEMENT CORPORATION			
Principal Place of Business		Mailing Address	
13055 PARK BLVD. SEMINOLE FL 33776 US		P.O. BOX 3335 SEMINOLE FL 33775-3335 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
LURIE, EDWARD J 12600 86TH AVE N SEMINOLE FL 33776		Name	
		Street Address ()	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LURIE, EDWARD J 12600 86TH AVE N SEMINOLE FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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12.			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 602.1 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 602, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Edward J Lurie</u> EDWARD J LURIE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

SIGNATURE: Edward J. Lurie EDWARD J LURIE 4-13-00 (727) 393-3441

CR2E034 (9/99)