


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90001 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741531

1. Corporation Name

OAKBROOK SQUARE MERCHANTS ASSOCIATION, INC.

Principal Place of Business

11594 US HWY ONE
PALM BCH GARDENS FL 33408

Mailing Address

11594 US HWY ONE
PALM BCH GARDENS FL 33408

1 1222 1 - 90001 - 24 2 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 2401 P.G.A BLVD.	02/06/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 SUITE 280	59-1969819
City & State	City & State	Applied For
23	28 PALM BEACH GARDENS, FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29 33410	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30 USA	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MURRAY, BARBARA
2401 PGA BLVD
SUITE 280
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Barbara A. Murray

8/19/99

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	MSDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, BARBARA	1.2 NAME	
STREET ADDRESS	2401 PGD BLVD, SUITE 280	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLAYSON, DAN	2.2 NAME	
STREET ADDRESS	12288 CHANNE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROBST, LEE	3.2 NAME	KENNETH JACOBSON
STREET ADDRESS	11616 US ONE	3.3 STREET ADDRESS	11670 U.S. ONE
CITY-ST-ZIP	N PALM BEACH FL 33408	3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKLEY, HELEN	4.2 NAME	
STREET ADDRESS	15414 JUPITER FARMS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLINE, BETH	5.2 NAME	JEFF LIEBERMAN
STREET ADDRESS	106 SEA BREEZE CIRCLE	5.3 STREET ADDRESS	11700 U.S. ONE
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICKI DUNCAN	6.2 NAME	JUDITH JOHNSTON
STREET ADDRESS	18764 91ST PLACE NO.	6.3 STREET ADDRESS	11654 U.S. ONE
CITY-ST-ZIP	LOXAHATCHEE FL	6.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408

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 617, 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:

Barbara A. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/99

Date

(561) 624-9992

Daytime Phone #

CR2E037 (5/99)