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FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F08636

(5)

1. Corporation Name

OXFORD LAND COMPANY

Principal Place of Business

235 SUNRISE AVENUE  
PALM BEACH FL 33480  
US

Mailing Address

235 SUNRISE AVENUE  
PALM BEACH FL 33480-3812  
US



3. Date Incorporated or Qualified

12/10/1980

3a. Date of Last Report

02/29/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

59-2060968

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BIDWELL, CLIFFORD  
1395 DOLIVE DRIVE  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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

1.1 TITLE

NAME  
ST  
ALLISON, ESTALINE  
STREET ADDRESS  
9028 SE COLONY STREET  
CITY-ST-ZIP  
HOBE SOUND FL

DELETE

1.2 TITLE

NAME  
PD  
BIDWELL, CLIFFORD D  
STREET ADDRESS  
1395 DOLIVE DRIVE  
CITY-ST-ZIP  
ORLANDO, FL 00000

DELETE

1.3 TITLE

NAME  
AS  
ROGERS, R. J  
STREET ADDRESS  
235 SUNRISE AVENUE #2053  
CITY-ST-ZIP  
PALM BEACH FL

DELETE

1.4 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.5 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.6 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do 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:

*R. J. Rogers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

Date

561-932-0611

Daytime Phone #

CR2E034 (9/96)