FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ' ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H45844

(8)

OAKWOO	DD ACRES, INC.	` '			<u> </u>
Principal Place of Business Mailing Address P O BOX 18211 P O BOX 18211 TAMPA FL 33679-8211 TAMPA FL 33679-8211				TIBUK BUBUK BUBUK BUBUK BUBUK BUBUK 1888:	
				3. Date Incorporated or Qualified 03/06/1985	3a. Date of Last Report 04/02/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	X Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 City & State		O Florian Consider Financia	Fee Required
City & State	:	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<i>Z</i> ip	Country	Zip	Country	B. This corporation has liability for it	
24	25	29	30		Yes No
	9. Name and Address of	Current Registered Agent		10. Name and Address of New Reg	gistered Agent
	SON, DON		81 Name		
	S. COOLIDGE AVE		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
TAMI	PA FL 33629		63		
			64 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 6	07 0502 and 607.1508. Florida Statut	es, the above-named co	rporation submits this statement for the p	
office or n	egistered agent, or both, in the	e State of Florida, Such change was a philipations of Section 607 0505. Fix	authorized by the corpora orida Statutes	rporation submits this statement for the p ation's board of directors. I hereby accep	It the appointment as registered
SIGNATURE	in termina w (ii, data docopi te	St. P.	, 4		
SIGNATUME	Segnature typicalor problem as a college	dered ingent and little if applicable (NOT	E: Registered Agent signature req		DATE
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	, DELETE > +	1 TITLE		Change Addition
NAME	WATSON, DON 3635 S. COOLIDGE		1.2 NAME		
STREET ADDRESS	TAMPA FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
C-TY - S1 - ZiP THILE	IAMIATE	DELETE	21 TITLE		Change Addition
NAME		-	2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
C/TY+\$1+ZIP			2. 4 CITY-ST-ZIP		
TIFLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CHY-51-20°		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TIBLE		F) DESCUE	4.1 IIILE 4. 2 NAME		C ounds C unount
NAME STREET ADDRESS			4.3 STREET ADDRESS		
City: St - 7/F			4.4 City-St-ZiP		
1 TLF		DELETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ACIDRESS			5.3 STREET ADDRESS		
CITY: \$1 - 70°	,		5.4 CITY-ST-ZIP		The Tree
THILE		L_I DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. Ldo here	hy certify that the information	supplied with this filing does not qual	6.4 City-St-ZiP	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the
information	an indicated on this annual rep officer or director of the corpor	nort or supplemental appual report is :	true and accurate and th vered to execute this rep	at my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as il made under dath: that

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Pres 40

6/97

FILED

Feb 27 1997 8:00am

Secretary of State

831-6992

Daytime Phone #