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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J39175 1. Corporation Name

OAKLAND PARK ASSOCIATES, INC.

Principal Place	of Business	Mailing Address		. I (BEILLE BIGG HAIG (BIG) (1831 (BBB) BILL BIR		-,, e,,,, ,e=,
C/O E. GINDI		C/O E. GINDI			•	
2108 NE 22ND TERRACE 2108 NE 22ND TERRACE			DO NOT WRITE IN TH	IIS SPACE		
FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305			3. Date Incorporated or Qualifed	10 01 7102		
				10/16/1986		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
	ace of Dusiness	26		65-0123020	<u> </u>	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 A	
22	., 5.5.	27		5. Certifcate of Status Desired	Fee Rec	quired
City & State	9	City & State		6. Election Campaign Financing	\$5.00 1	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		_
24	25	29 3	0	Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	d Agent	
ONID	N FILIOT		81 Name			
GINDI, ELLIOT			82 Street Ad	idress (P.O. Box Number is Not Acceptable)		
2108 N.E. 22ND TERRACE					·	
FI. L	AUDERDALE FL 33305		83			
			84 City		. 85 Zip C	ode
			'	_F		
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	Signature, typed or printed name of registered ager		Registered Agent signature requ			
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE			
NAME	GINDI, ELLIOT		1.2 NAME			
STREET ADDRESS	2108 NE 22ND TERRACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33305		1.4 CITY-ST-ZIP	<u> </u>	☐ Change	Addition
TITLE		DELETE	2.1 TITLE		☐ Glange	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADORESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change	Addition
TITLE			4.1 TITLE			
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change	Addition
TITLE		[] DELETE	5.1 TITLE 5.2 NAME			L. J. HOUDON
NAME			5.3 STREET ADDRESS		•	
STREET ADDRESS			5.4 CiTY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	61 TITLE		☐ Change	☐ Addition
TITLE		□ nërë i e	6.2 NAME		- Junings	
INAME I	1		V.2 IV'UNL			

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 by on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

What GIND: 3/1/99