

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K72384

1. Corporation Name

OAK BAY, INC.

Principal Place of Business

915 MIDDLE RIVER DRIVE
SUITE 506
FORT LAUDERDALE FL 33304

Mailing Address

915 MIDDLE RIVER DRIVE
SUITE 506
FORT LAUDERDALE FL 33304

2. Principal Place of Business

21 2220 NE 22 AVE APT # 1026

Suite, Apt. #, etc.

22 2220 NE 68 STR APT # 1026

City & State

23 Ft. LAUDERDALE FL

Zip

24 33308

Country

25 BROWARD

2a. Mailing Address

26 915 SCHOMAKER

Suite, Apt. #, etc.

27 2220 NE 68 STR APT # 1026

City & State

28 Ft. LAUDERDALE FL

Zip

29 33308

Country

30 BROWARD

9. Name and Address of Current Registered Agent

SCHOMAKER, GUENTER
915 MIDDLE RIVER DRIVE
SUITE 506
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1989

4. FEI Number

65-0105219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

SCHOMAKER JRENE

82 Street Address (P.O. Box Number is Not Acceptable)

2220 NE 68 STR APT # 1026

83

84 City

Ft. LAUDERDALE

FL

85 Zip Code

33308

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 JRENE SCHOMAKER DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.20.99

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTS
NAME SCHOMAKER, GUENTER
STREET ADDRESS 915 MIDDLE RIVER DRIVE, #506
CITY-ST-ZIP FORT LAUDERDALE FL 33304

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DPTS

☒ Change

☐ Addition

1.2 NAME

SCHOMAKER GUENTER

1.3 STREET ADDRESS

2220 NE 68 STR APT # 1026

1.4 CITY-ST-ZIP

Ft. LAUDERDALE, FL 33308

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 954 776 6442 / 704 895 8914

Date

Daytime Phone #

CR2E034 (1/98)