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 # K78593

(6)

OAK TRACE INVESTMENT CORPORATION

FILED

May 01 1997 8:00am

Secretary of State

Principal Place	e of Business		Mailing Address					- I Sobresit die 1800 i idibi Ettin Joide tite dient aucht dient diese einer achtri zier						
BOX 23044 TAMPA FL 3362	33		BOX 23044 TAMPA FL 33623-2044										•	
								Incorporat 7/1989	led or Q	ualified		ate of Las		
2. Principal P	lace of Business	2a. Mailir	ng Address				4. FEIN				_1		Applied Fo	r
21		26					59-	<u>3026467</u>	7				Not Applica	able
Suite, Apt.	#, etc.	<u></u> ⊢¬	Suite, Apt. #, etc.				5. Certi	ficate of St	tatus De	sired			5 Additiona	el
22	<u> </u>	27					<u> </u>						Required	
City & State	Ð	— ¬ ·	City & State					tion Campa	-	-			0 May Be	
23 Zip	Country	28 Zip		7 - 70	untry			t Fund Con					ed to Fees	
 -7	25	1			лину		i i	corporation da Statutes			intangibl] Yes		rs. 199.032	²,
24	9. Name and Address of Curr	29 ent Registered	Agent	30	Γ			e and Ado					·	
JAAI.	ERSON, MARK				81	Name								
	N. DALE MABRY													
SIE					82	Street Addres	ess (P.O. Bi	ox Number		Acceptat Lory	ole)	Cast	329)
	PA FL 33609				83			y cre		- 7		Curez.		
						-								
					84	City					FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.150	08, Florida State	ites, the al	pove pove	-named corp	oration sub	mits this st	atement	for the p	ourpose o	of changin	g its registe	red
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Su ligations of Sect	ch change was ion 607 0505. F	authorize Iorida Stat	d by	the corporati	ion's board	of director	s. I here	by accep	pt the ap	pointment	as registere	∍d
SIGNATURE		g		Terre a pra										
SIGNATURE	Signature typed or printed name of registered	agent and title if applic	able . (NO	III Ragistere	d Age	nt signature require	ed when reinsta	'ng)			DATE			
12.		ND DIRECTORS	<u> </u>	13.			ADDIT	TIONS/CH/	ANGES	O OFFIC	CERS AN		ORS IN 12	(
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NAME	JASPERSON, MARK		1		2 2 NAME									- }
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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 chapted it, or on an attentional with an address.

4/12/97