


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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

|                                                    |                                                                                   |                                                                                                           |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # K78593 (6)**  
 1. Corporation Name  
**OAK TRACE INVESTMENT CORPORATION**



|                                                                    |                                                        |
|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business<br><b>BOX 23044<br/>TAMPA FL 33623</b> | Mailing Address<br><b>BOX 23044<br/>TAMPA FL 33623</b> |
|--------------------------------------------------------------------|--------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                      |  |                                           |  |                                                                                                                                                                         |  |
|------------------------------------------------------|--|-------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 <b>Box 1902</b> |  | 2a. Mailing Address<br>26 <b>Box 1902</b> |  | 3. Date Incorporated or Qualified<br><b>04/07/1989</b>                                                                                                                  |  |
| 22 Suite, Apt. #, etc.                               |  | 27 Suite, Apt. #, etc.                    |  | 4. FEI Number<br><b>59-3026467</b>                                                                                                                                      |  |
| 23 City & State<br><b>Tampa FL</b>                   |  | 28 City & State<br><b>Tampa FL</b>        |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |  |
| 24 Zip<br><b>33601</b>                               |  | 25 Country<br><b>USA</b>                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |  |
| 29 Zip<br><b>33601</b>                               |  | 30 Country                                |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                                                                                                               |  |  |  |                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>JASPERSON, MARK<br/>324 N DALE MABRY<br/>STE 100<br/>TAMPA FL 33609</b> |  |  |  | 10. Name and Address of New Registered Agent                                               |  |
|                                                                                                                               |  |  |  | 81 Name<br><b>Darryl Creighton</b>                                                         |  |
|                                                                                                                               |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>3080 W. Martin Luther King</b> |  |
|                                                                                                                               |  |  |  | 83                                                                                         |  |
|                                                                                                                               |  |  |  | 84 City<br><b>Tampa</b>                                                                    |  |
|                                                                                                                               |  |  |  | 85 Zip Code<br><b>FL 33607</b>                                                             |  |

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: *Darryl Creighton* DATE: **4/10/98**

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PST CREIGHTON, DARRYL</b>    | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>P O BOX 23044 NA</b>         | 1.3 STREET ADDRESS                                    | <b>Box 1902</b>                                                              |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                 | 1.4 CITY-ST-ZIP                                       | <b>Tampa FL</b>                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>VP JASPERSON, MARK</b>       | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | <b>324 N. DALE MABRY</b>        | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                 | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                 | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                 | 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.

SIGNATURE: *Darryl Creighton* DATE: **4/10/98** ID: **813 257 6096**

CR2E034 (10/97)