

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K95596 (8)
1. Corporation Name
BRYAN OAKS, INC.

Principal Place of Business HIGHWAY 80 AND 80A P. O. BOX 399 LABELLE FL 33935 US	Mailing Address HIGHWAY 80 AND 80A P. O. BOX 399 LABELLE FL 33935 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 06/15/1989		4. FEI Number 65-0162410 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

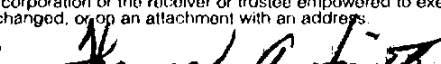
9. Name and Address of Current Registered Agent SMITH, ANNA, RIVAS CORNER OF BELMONT ST AND 7TH AVE LABELLE FL 33935				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	SMITH, THOMAS A.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	475 7TH AVENUE			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	LABELLE FL			2.1 TITLE		2.2 NAME	
TITLE	STD	NAME	BENNETT, LARRY	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS	51 CALOOSA ESTATES CT.			3.1 TITLE		3.2 NAME	
CITY - ST - ZIP	LABELLE FL			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP				5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				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.

SIGNATURE:  TA Smith 3/6/98

CR2E034 (10/97)