

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

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Feb 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K97316 (9)			
1. Corporation Name OUGHTRED ENTERPRISES, INC.			
Principal Place of Business %GEORGE G. COLLINS, JR. ESO 744 BEACHLAND BLVD VERO BEACH FL 32963		Mailing Address %GEORGE G. COLLINS, JR. ESO 744 BEACHLAND BLVD VERO BEACH FL 32963-1745	
2. Principal Place of Business 21 756 Beachland Blvd. Suite, Apt. #, etc. 22 City & State 23 Vero Beach, FL Zip 24 32963		2a. Mailing Address 26 756 Beachland Blvd. Suite, Apt. #, etc. 27 City & State 28 Vero Beach, FL Zip 29 32963 Country 30 U.S.A.	
9. Name and Address of Current Registered Agent COLLINS, GEORGE G JR ESO 744 BEACHLAND BLVD VERO BEACH FL 32963		3. Date Incorporated or Qualified 06/22/1989 3a. Date of Last Report 02/23/1996 4. FLI Number 65-0128123 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 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 756 Beachland Blvd. 83 84 City Vero Beach, 85 Zip Code FL 32963	
SIGNATURE Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent's signature required when reconstituting) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME OUGHTRED, W L STREET ADDRESS 1900 DUNDAS ST W #245 CITY-ST-ZIP MISSISSAUGA, ONT CAN		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VP NAME HAGEMAN, SUSAN M. STREET ADDRESS 1900 DUNDAS ST W #245 CITY-ST-ZIP MISSISSAUGA, ONT CAN		2.1 TITLE VPD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VP NAME OUGHTRED, FREDA M. STREET ADDRESS 1900 DUNDAS ST W #245 CITY-ST-ZIP MISSISSAUGA, ONT CAN		3.1 TITLE SD 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE VP NAME BOND, F. ELISE STREET ADDRESS 1900 DUNDAS ST W #245 CITY-ST-ZIP MISSISSAUGA, ONT CAN		4.1 TITLE TD 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 changed, or on an attachment with an address			

SIGNATURE: *W. L. Oughtred* **W. L. OUGHTRED** JAN 15 / 97 905-822-1316

CR2E034 (9/96)