

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M69316** (1)

1. Corporation Name  
**MAJESTIC OAKS INC.**



Principal Place of Business: 6028 SW SR 200, Ocala FL 34476, US  
Mailing Address: 6028 SW SR 200, Ocala FL 34476, US

3. Date Incorporated or Qualified: 02/15/1988  
3a. Date of Last Report: 08/02/1995

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

4. FEI Number: 59-2907607  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes (checked)

9. Name and Address of Current Registered Agent  
**BELL, MICAELA**  
5490 SW 80 PL  
OCALA FL 34476

10. Name and Address of New Registered Agent (81-85)

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 first filing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	BERN, HERMAN	
STREET ADDRESS	6028 SW HWY 200	
CITY - ST - ZIP	OCALA FL	
TITLE	VPD	<input type="checkbox"/>
NAME	GRIMALDO, RODRIGO	
STREET ADDRESS	6028 SW HWY 200	
CITY - ST - ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/>
NAME	DEBERN, MIRIAM B	
STREET ADDRESS	6028 SW HWY 200	
CITY - ST - ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/>
NAME	BELL, MICAELA	
STREET ADDRESS	6028 SW HWY 200	
CITY - ST - ZIP	OCALA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Micaela Bell* Micaela Bell 4/30/96 352-237-8320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District File #

CR2E034 (12/95)