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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997

Principal Place of Business

1947 WOODLAWN AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

**GRIFFITH IN 46319** 

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P23608

Mailing Address

1947 WOODLAWN AVENUE

GRIFFITH IN 46319-1047

2a. Mailing Address

City & State

Suite, Apt. #, etc.

OAK CREST, INC., AN INDIANA CORPORATION

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	Secreta	ary	of State
		AHAN BIRN	E BORAN BODAR BODAN BODA
	. (65:165: 16 1:25   1:40 2:41 2:41		
3.	Date Incorporated or Qualified	3a. [	Date of Last Report
3.	Date Incorporated or Qualified 03/28/1989		,
			Date of Last Report  //20/1996  Applied For
	<b>03/28/1989</b> F.E.f. Number		/20/1996
4.	03/28/1989		/20/1996 Applied For
<b>4</b> . <b>5</b> .	03/28/1989 FEI Number 35-1057614		Applied For Not Applicable  \$8.75 Additional
<b>4</b> . <b>5</b> .	03/28/1989 FEI Number 35-1057614 Certificate of Status Desired		Applied For Not Applicable  \$8.75 Additional Fee Required
<b>4. 5. 6.</b>	03/28/1989 FEI Number 35-1057614 Certificate of Status Desired Election Campaign Financing		Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees

23 28 Country **8.** Thi Country  $Z_{\rm ID}$ Zip Flo 24 25 29 30 9. Name and Address of Current Registered Agent 10. Na 81 Name PLATAU, STEVEN M. 2102 NORTH STERLING AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33607** 83 84 85 Zip Code 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: (segisfered Agent signature required when rea stating) Stgnature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE \_\_\_ Change Addition 11100 CD TITLE BRANT, WILLIAM J., JR 1 D NAME NAME 1947 WOODLAWN AVENUE 1.3 STREET ADDRESS STREET ADDRESS **GRIFFITH IN** 1/4 CHTY - ST- ZIP CITY-ST-ZIP DELFTE Change Addition 2H 101E TITLE KUYKENDALL, MARY ANN 2:2 NAME NAME 1947 WOODLAWN AVE STREET ADDRESS 2.3 STREET ADDRESS **GRIFFITH IN** 2 4 CITY-SI-ZIP CITY-ST-2IP DELETE Change Addition TITLE 3 1 HH **BRANT, JEFFREY** NAME 3.2 NAME 1947 WOODLAWN AVE 3.3 STREET ADDRESS STREET ADDRESS **GRIFFITH IN** 3,4. CHY- ST-7IP CITY-ST-ZIP DELETE Change Addition 41100 TITLE SCHUTZ, RONALD H. 4.2 NAME STREET ADDRESS 1947 WOODLAWN AVE 4.3 STREET ADORESS **GRIFFITH IN** 4,4 CHY- S1- ZIP CITY-ST-ZIP Change Addition DELETE 51 THLE TITLE 5.2 NAME NAME STREET ADDRESS 5,3 STREET ADDRESS 5,4 CITY - ST - ZIP CITY-ST-ZIP □ DELETE Change Addition 6 1 THUE TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS 6 4 CITY - \$1 - ZIP 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 exproration or the receiver or trustee engawered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if hanged, or on an allochment with a fuddress.