

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P92000013986 (4)

95 FEB 21 AM 9:36

1. Corporation Name

OAK VILLAS, INC.

Principal Place of Business

**%PERLMAN & PERLOW
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

Mailing Address

**%PERLMAN & PERLOW
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/24/1992

3a. Date of Last Report
04/27/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number
65-0377702

Applied For
Not Applicable

State, Apt. # etc.

22

State, Apt. # etc.

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PERLOW, JEFFREY M
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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

(Signature of person authorized to accept appointment as registered agent)

(Signature of person authorized to accept appointment as registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
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CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PST
CHAND, KAILASH
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

☐ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that this information is filed 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or 13 of this filing, if changed, or on an attached with an address.

SIGNATURE: *Kailash Chand* **KAILASH CHAND**

02/16/95 1-813-980-2308