

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90034 035 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000004507 (8)

1. Corporation Name  
OKEE SQUARE, INC.



Principal Place of Business C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DR., SUITE 1101 WEST PALM BEACH FL 33401	Mailing Address C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DR., SUITE 1101 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1993	
21	Suite, Apt. #, etc. SUITE 1101 EAST	26	Suite, Apt. #, etc. SUITE 1101E	4. FEI Number 65-0399257	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WITT, GARRY L 777 S. FLAGLER DRIVE STE 1101E WEST PALM BEACH, FL 33401		10. Name and Address of New Registered Agent 81 Name LAWRENCE A. SILVESTRI 82 Street Address (P.O. Box Number is Not Acceptable) 777 S. FLAGLER DRIVE SUITE 1101E 83 84 City WEST PALM BEACH FL 85 Zip Code 33401	
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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 Lawrence A. Silvestri Lawrence A. Silvestri, Esquire 4/27/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP GOODMAN, MURRAY H 911 NORTH OCEAN BLVD. PALM BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VS GEIST, MINNIE S. 777 S. FLAGLER DR. #S1101 WPB FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V WITT, GARRY L. 777 S. FLAGLER DR. #S1101 WPB FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Silvestri, Lawrence A.
STREET ADDRESS		3.3 STREET ADDRESS	777 S. Flagler Dr., Ste. 1101E
CITY-ST-ZIP		3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	I SHEWALTER, WILLIAM A 777 S FLAGLER DR STE 1101E WPB FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS JACOBS, HAROLD 12TH FLOOR PACKARD BLDG 15TH CHESTNUT ST PHILADELPHIA PA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 registered agent 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, with an address.

SIGNATURE: William A. Shewalter 4-27-99 William A. Shewalter, Treasurer (561) 833-3777  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0309667

CR2E034 (10/97)