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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000019720

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90100 022 ***150.00

OXFORD CONSTRUCTION CORP.					
			•		
Principal Plac	ce of Business	Mailing Address			IL BOIS) OBSET ILUSA SOSIL SODIU SIUIL DAIS IUDI
SOOS DYER COURT					
ORLANDO FL 32821 ORLANDO FL 32821				DO NOT WITH	TE IN TUIC COACE
]				Do NOT WRITE The Incorporated or Qualified	TE IN THIS SPACE
				03/10/1993	Ì
2 Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 8 220 VINELAND DAKS26				58-2039578	Not Applicable
Suite, Apt. #, etc. Suite, Ap #, etc.			·		\$8.75 Additional
22	OCV.	27		5. Certifcate of Status Desired	Fee Required
City & Sta	te	City & Sate	we .	6. Election Campaign Financing	□ \$5.00 May Be
23	RLANDO FL	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	· 🛶 — 1
24 3 28			30	Personal Property Tax.	Yes □No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New R	
NA	ERT, ROBERT E		81 Name	NAERT, ROB	ERT E,
5005 DVED COHDT				dress (P.O. Box Number is Not Accepta	ble)
	LANDO FL 32821		83	O VINELAND OA	KS BLVD.
			iii OR	LANDO	
			84 City	14 444 540	FL 85 Zip Code 35
		0 - 1007 4500 51		rporation submits this statement for the	
office or	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corporat	tion's board of directors. I hereby accep	t the appointment as registered
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered ager	ot and title if applicable (NOTE:	Registered Agent signature requi	red when reinstating)	DATE
12.		ID DIRECTORS	13.		FICERS AND DIRECTORS IN 12_
TITLE	PD	☐ DELETE	1.1 TITLE	SAMIG	ADDRESS ONLY
NAME	NAERT, ROBERT E		1.2 NAME		
STREET ADDRESS	5005 DYER COURT		13 STREET ADDRESS	220 VINELAND	OAKS BLUD
CITY-ST-ZIP	ORLANDO FL 32821		1.4 CITY-ST-ZIP	BRLANDO FL	<i>3283<u>5</u></i>
TITLE	VP	☐ DELETE	2.1 TITLE	· A	☐ Change ☐ Addition
NAME	NAERT,RUDOLPH		2.2 NAME 3	SAME	
STREET ADDRESS	-5005 DYER CT:		2 3 STREET ADDRESS	1 000 = 0	is Above
CITY-ST-ZIP	ORLANDO FL 32821		2.4 CITY-ST-ZIP	AVURES	
TITLE	VP	☐ DÉLETE	3.1 TITLE	SAME	Change ☐ Addition
NAME	NAERT, MATTHEW J.		3.2 NAME) Jiii - C	
STREET ADDRESS	1		3.3 STREET ADDRESS	ADDRESS	ARAUE
CITY-ST-ZIP	ORLANDO FL-32821		3.4. CITY-ST-ZIP	1100000	
TITLÉ		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	1		4, 2 NAME		(
STREET ADDRESS	5		4.3 STREET ADORESS		
CITY-ST-ZIP		Finerer	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		C. Charige C. Addition
NAME	.]		53 STREET ADDRESS		
STREET ADDRESS	51		5.4 CITY-ST-ZIP		}
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		Detele			
NAME					
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		

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 of 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, with all other like empowered.

EROBERT E. NAERT