

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 5: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000044506 (2)**

1. Corporation Name
OAKLAND GAS INC.

Principal Place of Business Mailing Address
**8787 W OAKLAND PK
SUNRISE FL 33351
US** **7001 NE 8TH DR
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/23/1993** 3a. Date of Last Report **04/28/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **65-0422192** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARMAN, WILL
7001 NE 8TH DR
BOCA RATON FL 33487**

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 607.1508, 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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
	D HARMAN, WILL	7001 NE 8TH DR	BOCA RATON FL 33487
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

1	TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

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)(b), 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 (employee) to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, checked, or any attachment with an address.

SIGNATURE: *Will Harman* **WILL HARMAN Pres.** 3/25/95 4079941985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer/Trustee