


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

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000003721 1. Corporation Name PLAZA OAKS GENERAL, INC.			
Principal Place of Business 1745 W. Fletcher Ave. Tampa FL 33612		Mailing Address 1745 W. Fletcher Ave. Tampa FL 33612	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 1/13/94	3a. Date of Last Report 4/12/96
4. FEI Number 59-3219143		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Mark O. Hackner 1745 W. Fletcher Ave. Tampa FL 33612		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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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: _____ (NOT: Registered Agent's signature required when re-stating) DATE: _____			
12. OFFICERS AND DIRECTORS 12.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP P Mark Hackner O 1745 W. Fletcher Ave. Tampa FL 33612 <input type="checkbox"/> DELETE 12.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP ST Mitchell, Rice F. 1745 W. Fletcher Ave. Tampa FL 33612 <input type="checkbox"/> DELETE 12.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> DELETE 12.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> DELETE 12.5 TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 included 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 its 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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/20/97 813-968-6511 Date Daytime Phone #	

CR2E034 (9/96)