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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000006694 (1) OAKRIDGE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

FILED Feb 05 1998 8:00am Secretary of State



WINTER HAVE					WINTER HAVEN FL 33890						DO NOT	VOITE IN THIS	0040	_		
									-			WRITE IN THIS	SPAC	Ε		
											Date Incorporated or Qual	litiea				
				1 - ** !!!							01/18/1994					
2. Principal Place of Business 2a. Mailing Add						3 S				4. FEI Number				Applied For		
21			26						59-3230999				Not Applicable			
Suite, Apt.	#, etc.			Suite 27	Suite, Apt. #, etc.					5. (Certificate of Status Desire	ed S8.75 Additional Fee Required				
City & State	City	City & State					6. 1	Election Campaign Financ	ing	\$	5.00	May	Be			
23				28	28						Trust Fund Contribution				to Fee	
Zip			Zip	Zip Country					8. '	This corporation owes or h	as paid the cur	rent	ملحمداد			
24		25			30	30				Personal Property Tax due		1				
	9, Name	and	Address of Curren	t Registered	Agent					10.	Name and Address of No	ew Registered	Agen	t		
WH	HTE ANN	R					81	Name	e							
WHITE, ANN B 25 SPIRIT LAKE RD							82 Street Address (P.O. Bo				O Bay Number is Not Ass	antoblo)				
WINTER HAVEN FL 33880							82 Street Address (P.O. Box Number is Not Accep				zepiasie)					
														1	<u>~ ′</u>	
							84	City				FL	85	Zip	Code	•
11 Pursuant t	to the provis	ions	of Sections 607.050	2 and 607.15	08. Florida Stat	tutes, the al	00V6	ı e-name	ed corpora	ation	submits this statement for		f char	ging	ts reg	istered
office or re agent. I a	egistered aç m familiar w	ent. ith, a	or both, in the State nd accept the obliga	of Florida, Su ations of, Sec	ich change was tion 607.0505, i	s authorized Florida Stat	d by utes	the co s.	orporation'	's bo	submits this statement for pard of directors. I hereby	accept the app	ointm	ient as	regis	tered
SIGNATURE	Signature, types	or pric	nted name of registered age	nt and title if applic	cable. (N	OTE: Registered	1 Age	ent signatu	ure required w	when r	reinstating)	DATE			_	
12.			OFFICERS AND			13.				A!	DDITIONS/CHANGES TO	OFFICERS AND	DIR.	ECTO	RS IN	12
TITLE	D				DELETE	1.1 11	TLE							hange		Addition
NAME SWEET, JAMES W							ME									
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CITY-ST-ZIP			VEN FL 33880					T-ZIP								
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NAME						3.2 NA	ME									
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14. I hereby o	ertify that th	e infe	ormation supplied wi	ith this filing o	toes not qualify	tor the exe	empi	tion sta	ated in Sec	ection	n 119.07(3)(i), Florida Stati	utes. I further ce	artify t	nat the	e infori	mation

indicated on this annual report or supplied with this limit does not goainly for the exemption stated in declared in 1950 (3)(). Forcid statutes, further certify that the information indicated on this annual report is report and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or 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.

MEKINITOLINE RECYLLES