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Feb 11 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 # P94000006775 (8)

1. Corporation Name
OAKTON LAKES LAND COMPANY



Principal Place of Business

C/O WILLIAM R. BOOSE, ESQ.
515 N. FLAGLER DR., SUITE 1900
WEST PALM BEACH FL 33401

Mailing Address

C/O WILLIAM R. BOOSE, ESQ.
515 N. FLAGLER DR., SUITE 1900
WEST PALM BEACH FL 33401-4343

3. Date Incorporated or Qualified
01/26/1994

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 1320 N Ocean Blvd

27 Suite, Apt. #, etc.

28 City & State

28 Gulf Stream FL

29 Zip

29 33483

30 Country

30 Palm Bch

4. FEI Number

65-0477984

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

BOOSE, WILLIAM R ESQ
515 N. FLAGLER DR.
SUITE 1900
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

George T Elmore

82 Street Address (P.O. Box Number is Not Acceptable)

1320 N Ocean Blvd

83

84 City

GulStream

FL

85 Zip Code

33483

11. Pursuant to the provisions of Sections 607.0602 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 reinstating)

DATE

Feb 3, 97

12. OFFICERS AND DIRECTORS

TITLE

NAME
ELMORE, GEORGE T
STREET ADDRESS
515 N FLAGLER DR STE 1900
CITY - ST - ZIP
W PALM BEACH FL

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

& President

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-97

CR2E034 (9/96)