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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90053 043 \*\*\*150.00

DOCUMENT #	P94000020599
1. Corporation Name	. 0 .0000

OAK STREET FINANCIAL SERVICES	, INC.							IA (8)( )44(
Principal Place of Business  717 E. OAK ST. KISSIMMEE FL 34744  Mailing Address  717 E. OAK ST. KISSIMMEE FL 34744  KISSIMMEE FL 34744					•			
				DO NOT WRITE IN THIS SPACE				
				<ol> <li>Date Incorporated or Qualife 03/14/1994</li> </ol>	ed			
	l a 31-11 a 33			4. FEI Number	<u></u>		Annlie	ed For
2. Principal Place of Business	2a. Mailing Address			59-3257955				pplicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		<del></del>			\$8.7	5 Add	
22	27			5. Certifcate of Status Desired	<u></u>	- Fe	e Requ	ired
City & State	City & State	-		6. Election Campaign Financin	9 🗆	\$5.	00 ма	ay Be
23	28			Trust Fund Contribution		Add	led to F	ees
Zip Country	Zip	Country		8. This corporation owes the c	urrent year Inta	angible		<b></b> \
24 25	29	30		Personal Property Tax.		Yes		)No
9. Name and Address of Curren	t Registered Agent	-	N	10. Name and Address of Nev	w Registered	Agent		<del></del>
CWART HARRY I		81	Name					
SWART, HARRY J 717 E. OAK ST.		82	Street Ad	ddress (P.O. Box Number is Not Acce	ptable)			
KISSIMMEE FL 34744		83			<del> </del>	-		
KIOOMMULL I L 04/44		83						į
		84	City		FL	85	Zip Co	de
11 Pursuant to the provisions of Sections 607 050	2 and 607.1508. Florida Statute	s, the above	e-named co	orporation submits this statement for t	ne purpose or	cnangin	g its re	gistered
Pursuant to the provisions of Sections 607.050; office or registered agent, or both, in the State agent. I am familiar with, and accept the obligat SIGNATURE    Signature	tions of, Section 607.0505, Flori	ida Statutes.		quired when reinstating)	DATE			
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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 informatic indicated on this annual report or suppliemental 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 feciever 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.

**SIGNATURE:** 

Daytime Phone #