

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

FILED
May 12 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 # P94000069546 (7)

1. Corporation Name
OAK HARBOR ACLF, INC.

Principal Place of Business
2121 GRAND HARBOR BLVD.
VERO BEACH FL 32967

Mailing Address
2121 GRAND HARBOR BLVD.
VERO BEACH FL 32967-7216



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
09/21/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3278289

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required
☐ \$5.00 May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution

☐ Yes ☐ No

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

~~PROCTOR, DONALD C.~~
~~2121 GRAND HARBOR BLVD.~~
~~VERO BEACH FL 32967~~

81 Name PETER J. HENN
82 Street Address (P.O. Box Number is Not Acceptable)
2121 GRAND HARBOR BLVD
83
84 City VERO BEACH FL 85 Zip Code 32967

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 fee if applicable

PETER J. HENN

4/16/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PROCTOR, DONALD C.	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY- ST- ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	UPTAIN, KENNETH L.	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY- ST- ZIP	VERO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERRICK, DAVID A	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY- ST- ZIP	VERO BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WIDELL, DOUG	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY- ST- ZIP	VERO BCH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	D'HAESELEER, RONALD V.	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY- ST- ZIP	VERO BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HENN, PETER J.	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY- ST- ZIP	VERO BCH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

PETER J. HENN
SECRETARY

4/16/97 (561)562-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)