

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

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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000081239 (3)**

1. Corporation Name  
**OKLAHOMA CITY TRUST, INC.**



Principal Place of Business <b>250 VALENCIA AVE CORAL GABLES FL 33134</b>	Mailing Address <b>250 VALENCIA AVE CORAL GABLES FL 33134-5806</b>
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3. Date Incorporated or Qualified <b>11/04/1994</b>	3a. Date of Last Report <b>04/03/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>65-0594303</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MILLER, GEORGE 250 VALENCIA AVE CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>1.1</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLER, GEORGE D</b>		1.2 NAME	
STREET ADDRESS <b>250 VALENCIA AVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>CORAL GABLES FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>2.1</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HENNESSY, DAVID C</b>		2.2 NAME	
STREET ADDRESS <b>22481 PLEASANT PARK ROAD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>CONIFER CO 80433</b>		2.4 CITY-ST-ZIP	
TITLE <b>VS</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>3.1</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BERKOWITZ, JOEL S</b>		3.2 NAME	
STREET ADDRESS <b>2115 KNAAB DRIVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOZEMAN MT</b>		3.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>4.1</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOLEY, WILLIAM O</b>		4.2 NAME	
STREET ADDRESS <b>10836 PLEASANT HILL DRIVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>POTOMAC MD</b>		4.4 CITY-ST-ZIP	
TITLE <b>A</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>5.1</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MAHONEY, LYNDA</b>		5.2 NAME	
STREET ADDRESS <b>4815 S PINE ROAD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>EVERGREEN CO</b>		5.4 CITY-ST-ZIP	
TITLE <b>A</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>6.1</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Simpson, Anna M</b>		6.2 NAME	
STREET ADDRESS <b>850 Hangmans Road</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>Bailey, CO 80421</b>		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 19.07(3)(f), 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:  **David C. Hennessy** 4/3/97 (303) 697-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)