


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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000081239 (3)

1. Corporation Name
OKLAHOMA CITY TRUST, INC.

Principal Place of Business

250 VALENCIA AVE
CORAL GABLES FL 33134

Mailing Address

250 VALENCIA AVE
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/04/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0594303	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLER, GEORGE 250 VALENCIA AVE CORAL GABLES FL 33134				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, GEORGE D			1.2 NAME			
STREET ADDRESS	250 VALENCIA AVE			1.3 STREET ADDRESS			
CITY - ST - ZIP	CORAL GABLES FL			1.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENNESSY, DAVID C			2.2 NAME			
STREET ADDRESS	22481 PLEASANT PARK ROAD			2.3 STREET ADDRESS			
CITY - ST - ZIP	CONIFER CO 80433			2.4 CITY - ST - ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERKOWITZ, JOEL S			3.2 NAME	Berkowitz, Joel S.		
STREET ADDRESS	2115 KNAAB DRIVE			3.3 STREET ADDRESS	303 Ivy Lane		
CITY - ST - ZIP	BOZEMAN MT			3.4 CITY - ST - ZIP	Weston, FL 33326		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOLEY, WILLIAM O			4.2 NAME	Cooley, William O.		
STREET ADDRESS	10836 PLEASANT HILL DRIVE			4.3 STREET ADDRESS	233 Tradewind Drive		
CITY - ST - ZIP	POTOMAC MD			4.4 CITY - ST - ZIP	Palm Beach, FL 33480		
TITLE	A	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAHONEY, LYNDA			5.2 NAME			
STREET ADDRESS	4815 S PINE ROAD			5.3 STREET ADDRESS			
CITY - ST - ZIP	EVERGREEN CO			5.4 CITY - ST - ZIP			
TITLE	A	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMPSON, ANNA M			6.2 NAME			
STREET ADDRESS	850 HANGMANS ROAD			6.3 STREET ADDRESS			
CITY - ST - ZIP	BAILEY CO			6.4 CITY - ST - ZIP			

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 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: Anna M. Simpson, A. Sec. 4/6/98 (303) 697-8400

CR2E034 (10/97)