

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90025 001 ***158.75

DOCUMENT # P94000081239

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

3. Date Incorporated or Qualified

11/04/1994

4. FEI Number

65-0594303

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

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

9. Name and Address of Current Registered Agent

MILLER, GEORGE
250 VALENCIA AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

| | | |
|----------------|--------------------------|--|
| TITLE | PT | <input type="checkbox"/> DELETE |
| NAME | MILLER, GEORGE D | |
| STREET ADDRESS | 250 VALENCIA AVE | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HENNESSY, DAVID C | |
| STREET ADDRESS | 22481 PLEASANT PARK ROAD | |
| CITY-ST-ZIP | CONIFER CO 80433 | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | BERKOWITZ, JOEL S | |
| STREET ADDRESS | 303 IVY LANE | |
| CITY-ST-ZIP | WESTON FL 33326 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | COOLEY, WILLIAM O | |
| STREET ADDRESS | 233 TRADEWIND DRIVE | |
| CITY-ST-ZIP | PALM BEACH FL 33480 | |
| TITLE | A | <input checked="" type="checkbox"/> DELETE |
| NAME | SIMPSON, ANNA M | |
| STREET ADDRESS | 850 HANGMANS ROAD | |
| CITY-ST-ZIP | BAILEY CO | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 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 checked="" type="checkbox"/> Addition |
| 5.2 NAME | CLAYCOMB, HEATHER M. |
| 5.3 STREET ADDRESS | 28 BEAR ROCK ROAD |
| 5.4 CITY-ST-ZIP | EVERGREEN, CO |
| 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 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, with all other like empowered.

SIGNATURE

DAVID C. HENNESSY

3-01-99

303-697-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)