

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000002797 (5)

1. Corporation Name

OAKS PRESERVE DEVELOPMENT, INC.



Principal Place of Business

2033 MAIN ST
SUITE 104
SARASOTA FL 34237

Mailing Address

2033 MAIN ST
SUITE 104
SARASOTA FL 34237

3. Date Incorporated or Qualified
01/11/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0634850

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

VENABLE, JOSEPH P
2033 MAIN ST
SUITE 104
SARASOTA FL 34237

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 DP
NAME RIVOLTA, PIERO
STREET ADDRESS 215 ROBIN DR
CITY- ST- ZIP SARASOTA FL 34236

TITLE DV
NAME VENABLE, JOSEPH P
STREET ADDRESS 2033 MAIN ST SUITE 104
CITY- ST- ZIP SARASOTA FL 34237

TITLE DST
NAME THOMPSON, DAWN
STREET ADDRESS 2107 49TH AVE W
CITY- ST- ZIP BRADENTON FL 34207

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

9540855

Daytime Phone #

CR2E034 (12/95)