FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 31 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 # **P95000029493 (0)**

1. Corporation Name
OAKLAND POINTE, INC.

Principal Place of Business	*Mailing Address*
1051 WINDERLEY PL SUITE 307 MAITLAND FL 32751	1051 WINDERLEY PL SUITE 307 MAITLAND FL 32751-7286

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 04/14/1995	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3311583	☐ 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

GALLIMORE ELLSWORTH G.
1051 WINDERLEY PL
STE 307
MAITLAND FL 32751

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(S) (Signature(s) of current 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	D	☐ DELETE	1.1 TITLE	D/P/T	☒ Change ☐ Addition
NAME	GALLIMORE, ELLSWORTH G		1.2 NAME		
STREET ADDRESS	1051 WINDERLEY PL SUITE 307		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D/V	☒ Change ☐ Addition
NAME	KARR, THOMAS J JR		2.2 NAME		
STREET ADDRESS	P O BOX 135 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	V/S	☐ Change ☒ Addition
NAME			3.2 NAME	WARD, LOUISE A.	
STREET ADDRESS			3.3 STREET ADDRESS	1051 WINDERLEY PL SUITE 307	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Ellsworth G. Gallimore. March 26, 1997 (407) 667-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Ellsworth G. Gallimore, President

0066696