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

P95000031997 (6) DOCUMENT #
1. Corporation Name

OAKRIDGE AT WINEGARD, INC.

Principal Place of Business Mailing Address						- I TAKITANI NIN TAHUI DISHI QOLUL DOLUL		/(U) ((B)4 (B)	510 10111 1001 1 0 01	
2880 NORTH EAST 29TH STREET 2880 NORTH EAST 29T FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33										
						Date Incorporated or Qualified 04/19/1995	3a. Dat	e of Last f	Report	
2. Principal Pla 21		26]	L, , ,,			4. FEI Number Applied For Not Applied be				
Suite, Apt. #		Suite, Apt. #, etc.	27]			5. Certificate of Status Desired	×	\$8.75 Additional Fee Required		
City & State	AND AND THE REST OF THE PARTY O	City & State	28			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Ζ _Ι ρ 24	Country Zip			'y	****	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No				
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New F	egistered	Agent		
QURESH	II, DENISE		8:	⅃.	Name Street Add	e it Address (P.O. Box Numbor is Not Acceptable)				
	ORTH EAST 29TH STREET DERDALE FL 33306		8:			1035 (10720) 1101100 101101 10101		·		
			84	4	City			85 Z	ip Code	
44 0		500	<u>. </u>				<u> </u>	.		
or registere familiar witi	30 agent, or both, in the State of F	lorida Such change was authorize Section 607.0505, Florida Statutes.	ed by the cor	-na po	amed corpoi rration's boa	ration submits this statement for the pur ard of directors. Thereby accept the appr	pose of ch pintment as	anging its registere	registered office d agent. Fam	
SIGNATURE _	Signature, typed or printed he we of registered	a word and libe if an deather #100	C. Constant An		elanas as esas as	ed when ruinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	13.		agristore recorne	ADDITIONS/CHANGES TO OFF		DIBECT	ORS IN 12	
TITLE	D	DELETE	1. 1 TITŁ€		·····	7,55,70,10,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		Criange		
NAME	Oureshi, Denise		1,2 NAME							
STREET ADDRESS	2880 NORTH EAST 29TH	STREET	1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 3336	06	14 CITY - ST - ZIP							
TITLE		2 1 TITLE]	Change	Add tion		
NAME			2.2 NAME		ļ		-	_	_	
STREET ADDRESS			2 3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP			2.4 CITY - ST - ZIP		- ZIP					
TITLE		☐ DELETE	3 1 TITLE]	Change	Addition	
NAME			3 2 NAME							
STREET ADDRESS			3.3. STRE	ET #	ADDRESS					
CłTY-ST-ZIP			3.4 CITY-	ST-	- ZIP					
TITLE	☐ DELETE						[Change	Addition	
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREE	ΙA	ODRESS					
CITY-ST-ZIP			4.4 CITY -	ST-	- ZIP					
TITLE	 -		5. 1 THLE				[Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	1 A	ADDRESS					
CITY-ST-ZIP		FTT DELETE	5.4 CITY -		- ZIP					
TITLE		DELETE	6. 1 TITLE				[Change	☐ Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE							
CITY-ST-ZIP	condity that the information a	ad with the friends was intent of col	6.4 CITY-			for the exemption stated in Section 119.	07/0/2 : 5			
certify that oath; that I	the information indicated on this a am an officer or director of the co	innua' réport or supplemental annu	ial report is tr emipowered	ue	and accura	for the exemption stated in Section 119. ate and that my signature shall have the is report as required by Chapter 607, Flo	samo legal	effect as	if made under	

SIGNATURE:

Denise Queshi Denise Queshi signature and typed on printed name of signing officer on director

4-29-96 954-537-7>76